MARGIN RESERVED FOR BINDIN

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 02465
1. PLACE OF DEATH	REGA
County 18 allinone	Registration Dist. No. 34
Village or City Stencor R18 md	NoSt.,Ward
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Arch Arca vola	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds. AKe kursh
(a) Residence: No. Gleucoe R. J. D. Ma) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Manch (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Robert the kunt (ARC)	1 HEREBY CERTIFY. That I attended deceased from 1934, to March 4 1932.
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the dete stated above, at ### p-m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and pression occupation). 11. Total time (years) spant In this year)	Accidental Distrection This Egy su pelas _ Suden Other Courtbutory Causes of Importance:
12. BIRTHPLACE (city or town) After form to mediate or country) Hanford to mediate or country)	apopling (Jenneti)
13. NAME DELa Mere Chomes 14. BIRTHPLACE (city or town) Chaoler Col Pu —	Name of operation Date of
15. MAIDEN NAME Sarah Ann England 16. BIRTHPLACE (city or town) Afarford Co, Male (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury Sch26.1, 193/
17. INFORMANT Miss Virginia AND hund (Address) 18. BURIAL, CREMATION, OR REMOVAL STEWARD RATE MANAGEMENT OF THE MANAGE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
Place M. Carmel Con Date Prant 12, 1932	Neture of injury Deolocal of A Hick
19. UNDERTAKER MARCHA 18 AND 19. (Address) Sparks Sand	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED March 5, 1932 Engene 7 Cliban Registrar. If more blanks of needed, address State Revisionary	(Signed) M. D. (Address) Cock ys will M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURULU V.O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 02460

County Baltimore Village or City Towson, Md. P Sheppard and EnochyoPratt Hospital (II death occurred in a hospital or institution, give in NAME instead of street and number) Length of residence in city or town where death occurred. (II death occurred in a hospital or institution, give in NAME instead of street and number) Length of residence in city or town where death occurred. (II death occurred in a hospital or institution, give in NAME instead of street and number) (II death occurred in a hospital or institution, give in NAME instead of street and number) (II death occurred in a hospital or institution, give in NAME instead of street and number) (II death occurred in a hospital or institution, give in NAME instead of street and number) (II death occurred in a hospital or institution, give in NAME institution give of your town and State 21. DATE OF DEATH MCTCh 16 19. 22. I HEREBY CERTIFY, That I attended decessed from March 18th. 19. 32. to March 18	1	PLACE O				THE STATE OF	(59)		
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of freeign birth? Length of freeign birth of freeign birth? Length of freeign birth of freeign birth? Length of freeign birth of f		County	Baltin	nore			Registration Dist. No. 3/		
Langth of residence in city or town where death occurred. 2. FULL NAME Frencis Bell Allen (a) Residence: No. Lindawold, Bernardsville, N.J.*St., Ward. (Usual place of shode) FERSONAL AND STATISTICAL PARTICULARS 3. SEX		Village or (City Tov	vson, Md.	• Shepr	ard and Er	nochwoPratt Hospital St.	Ward	
(a) Residence: No. Lindawold, Bernardsville, N.J.St., Ward. (Unaiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCE) (emirc the word) Wildower March 5.5. If married, widowed, or divorced Wildower March 6. DATE OF DEATH March 16. (Nonth) 18. 2. 1. HEREBY CERTIFY, That I strended decessed from March 8th , 19. 52, 16. March 16th , 19. 52. 1. HEREBY CERTIFY, That I strended decessed from March 8th , 19. 52, 16. March 16th , 19. 52. 1. HEREBY CERTIFY, That I strended decessed from March 8th , 19. 52, 16. March 16th , 19. 52. 2. I HEREBY CERTIFY, That I strended decessed from March 8th , 19. 52, 16. March 16th , 19. 52. 1. Lest saw b.J.M. silve on. JMarch 1. Str. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Length of res	idence in c	ity or town where	death occurred	yrs1mos	t death occurred in a hospital or institution, give its NAME instead of street and n s. 21ds. How long in U.S. if of foreign birth?yrsmo	umber) sds.	
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Personal and statistical particulars							• J •St. Ward		
3. SEX white white or Driver Country with the white or Driver Country or Driver Coun					(Usual place	of abode)	If nonresident give city or town and	State	
male white OR DIVOKED Counter the word of Widower 183 2 (Year) 53. If married, widowed, or diversed HUSBAND or Skinkle 22. I HER BY CERTIFY, That i attended decessed from March 8th 19.32, to March 16th 19.32. 6. DATE OF BIRTH (month, day, and year) July 4, 1851 7. AGE Years Months Days If LESS than 1 day hrs. or hrs. or hrs. or	-								
Sample S	3. 8				OR DIVORCE	D (write the word)	March 16	193_2 (Year)	
### Anna Skinkle ### Anna Ski	5a.		ved, or dive	orced					
6. DATE OF BIRTH (month, day, and year) July 4, 1851 7. AGE Years Months Days If LESS than 1day,hrs. 80 8 12 ormin. 1 to have occurred on the date stated above, at. 5.502 m.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset SAWYER, BODKEFPER, etc. SAWYER, BODKEFPER, etc. 10. Obate deceased last worked at this occupation function and read this occupation function function function for the function of the function			Anna	Skinkle				CV 40	
7. AGE Years Months Days IT LESS than 1 day,	6. I	ATE OF BIRTH	(month, da	v. and year) .T1	ulv 4. 18	51			
80 8 12 or min. 8. Trede, profession, or particular stand of work dome, as SPINNER, SAWIER, BDOKKEFRER, etc. 9. Industry or business in which saw year one est silk Mill. SAW van dome, est silk wan dome est sofilows: Date of country Wan dome est solice of country in the my van veiated to occupation of deceased? If so, specify (Signed Add. Add. Add. Add. Add. Add. Add. Ad				1		If LESS than	to have occurred on the date stated above, at _5_2.502 .m.		
8. Trede, profession, or particular kind of work done, as SPINRER, SAWYER, BDKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAWYER, BDKKEPER, etc. 19. Industry or business in which work was done, es SILK MILL, SAW MILL, BAKN, etc. 10. Date deceased last worked at this occupation (month and year). 11. Total time (years) Spent in this occupation (month and year). 12. BIRTHPLACE (city or town). New Jersey (State or country) 13. NAME John Linn Allen 14. BIRTHPLACE (city or town). New Jersey (State or country) 15. MAIDEN NAME Charlotte Bell 26. BIRTHPLACE (city or town). New Jersey (State or country) 16. BIRTHPLACE (city or town). New Jersey (State or country) 17. INFORMANT HOSPITAL RECORDS (Address) 18. BURIAL, CREMATION, DR REMDVAL Place (Address) 19. UNDERTAKER MM Cook 20. FILED Manualle, 198 2. No. Pounts. M. D. M.		80		8	12		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	D. 1. (
12. BIRTHPLACE (city or town) New Jersey (State or country) Diabetes and senile dementia Unknown	Z	8. Trede, profe	ession, or p	articular as SPINNER.					
12. BIRTHPLACE (city or town) New Jersey (State or country) Diabetes and senile dementia Unknown	E	9. Industry or	, BDDKKEE	PER, etc.	Lawyer		Broncho-pneumonia	3/14	
12. BIRTHPLACE (city or town) New Jersey (State or country) Diabetes and senile dementia Unknown	UP.	work wa	s done, es : LL, BANK,	SILK MILL, etc					
Dispetes and senile dementia ur known 13. NAME John Linn Allen	000	10. Date deceas	ed last wo	rked at	11. Total ti	ime (years) nt in this ipation _40y.e.a.	18		
(State or country) 13. NAME John Linn Allen	12			Trom T			Other Contributory Causes of importance:		
13. NAME John Linn Allen Name of operation. Date of (State or country) What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? University What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? One of injury	160						Dishetes and semile dementie ur	known	
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(Address), 217 St Paul St If so, specify (Signed) (Signed	10	HADEDTAKED	w	in Op	roh				
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AUGUSTAT, (AUGUSS)	20.	FILED Mars	eleft.	1972 /	. K/ Due	Och Registrar.	(Signed) Attur E. Pattrell	M. D.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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V. S. No. 1

STATE OF MARYLAND—CI	ERTIFICATE OF DEATH
PLACE OF DEATH	
PLACE OF DEATH County Ballinive	Registration Dist. No.
Village or City monthton, Ind	NoSt.,

1. PLACE OF DEATH		1000
County Ballinive	Registration Dist. No.	39/
Village or City morphton md	No. St.	Ward
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2. FULL NAME Delle anos	.,	
(a) Residence: No. Is governous free	St., Ward.	
(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 2
temple colored wielow	(Month) (Day)	(Year)
5a. If married, widowed, or Ovorced HUSBAND of	22. I HEREBY CERTIFY. Thet lattend	ed deceased from
(or) WHE of George ashby	3-11 1982 to 3-14	1982
6. DATE OF BIRTH (month, day, and year)		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-300m.	
about 87 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
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SAW MILL, BANK, atc.	-	
- I spontin this		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Clamac Co.		
(State or country)		
13. NAME (Introduction) 14. BIRTHPLACE (city or town)		
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(State of country)	What test confirmed diagnosis? Was there e	n autopsy?
15. MAIDEN NAME Line Watson 16. BIRTHPLACE (city or town) accuracy Ca (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the follow	lng:
6 16. BIRTHPLACE (city er town). acamer Co	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and S	State)
17, INFORMANT Bus, Clyclick Harry	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
(Address) Mushlow Ma	_	
18. BURIAL, CREMATION, OR REMOVAL Place Just. Your Date Man 16 1932	Manner of injury	
C 1 1 2 3	Natura of mjury	
19. UNDERTAKER . Markelingdon	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Whole Itale, hade	If so, specify	
20, FILED 3/15 , 1932 Annie OrBlake	(Signed) J. J. Humanhan	M. D.
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of weath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilephy	1 week ago
Chronic interstitial nephritis	1921	Run over by street by	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10-	
		32	
Other contributory causes of importance:		Other contributory causer of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			-
Z.	56.	1	4
1			2
8	B	1	2
1	-	1	

PLACE OF DEATH

CountyBaltimore

(107-0)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City P.O. White Hall Nd. Res. Nr. Shane, Md.

2FULL NAME Laura Belle Anderson

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. March 27, 1922 White Female (Month) (Yes 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from March 17 Harch 27. April 2, that I last saw h er alive on (Month) (Day) (Year) and that death occurred on the date stated above, at 5 . 15P . m. 7 AGE If LESS than l day hrs. The CAUSE OF DEATH * was as follows: 66 vrs. 11 mos. 25 ds. or min.? Broncho-Pneumonia 8 OCCUPATION (a) Trade, profession or Housewife particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Arterio-Sclerosis Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER Ephriam McClung 192 32(Address) White /Hall, Md. 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) Maryland RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transof Mother Hannah Wiley ients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER (State or country) Maryland Where was disesse contracted. if not at place of death?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence White Hall. Md.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroayinal fever (the only definite synonym is "Epidemic cerebroays; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., whon a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH 0246	39
1. PLACE OF DEATH	10%	
County Baltimos	Registration Dist. No.	n eo qu' eo eo == ==
Village or city Catonsvilla Co	death occurred in a hospital or institution, give its NAME instead of street and namber	Ward
	6	ds.
2. FULL NAME Kalma Clomige	~ B and min	
(a) Residence: No. 1936 (Usual place of abode)	St., Ward If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 7	2
5a. If married, wildowed, or divorced	(month) (bay) (1	eal)
HUSBAND of Cor yele.	22. I HEREBY CERTIFY. That I attended decease mel 25, 1932, to Mich 30, 19	
6. DATE OF BIRTH (month, day, and year) 2 -4 157 1909	I last saw hen alive on Mch 30 1, 1932; death	_
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 P.m.	
02 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
25 0 13 ormin.	were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and	J D	
- this occupation (months and	robar meumonea 4	day
year) oscupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Galtmot (State or country)	7-10	1
	Votre Condution De	Kayp
14. BIRTHPLACE (city or town) Baltinger	Neme of operation Oate of	
(State or country)	What test confirmed diagnosis? Was there an aulopsy	17
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
[State or country]	Accident, suicide, or homicide? Date of injury, I	9
A La D - L	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT didney arm ger (Address) 1936 Rigs acce	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury	
Place Jose Jose Contracto /2,1952	Nature of injury	
To see to the	24. Was diseese or injury in any way related to occupation of deceased?	2
19. UNDERTAKER South Color Havelle	If so, specify	
20. FILED 4/1 19 2001	(Signed) (1808) C Garnett	M. D.
1/21 V Land Kegistrar.	(Address) Contonalle 200	d

If more blanks are weeded and so State Agistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
*		
/	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		P. Comments
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Parameter - management	PLACE OF DEATH County	CI
	Village or City Caturbull (No.	00
	2FULL NAME COLA TO BA	<u> </u>
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
	Jemple White Single, Married, Wildow (Write the word)	16 DATE OF DEATH
	G DATE OF BIRTH Jan (Month) (Month) Day) (Year)	Marsh 20
	7 AGE (Month) (Year) 7 AGE yrs. 2 mos. 10 ds. or min.?	and that death occurred o
-	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Crowne Cal
	which employed or (employer) 9 BIRTHPLACE (State or country) Baltimae	Contributory Secondary
	10 NAME OF George P. Uniteral	(Signed) 4 (Acuty 157 1923) (Ac
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Violent Causes, state (Accidental, Suicidal or Ho
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residen At place of deathyrsmos
	(Informant) Classa Lambdin	Where was disease contracted, if not at place of death? Former or usual residence
	(Address) Frederick Rd. new Jehry are	19 PLACE OF BURIAL OR
	15 Filed 3/2 , 19)	20 UN PERTAKER

Registrar

tate Registrar, 16

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St: Ward) (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)

DATE OF BURIAL

DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from that death occurred on the date stated above, at 2.30 fcm CAUSE OF DEATH * was as follows: Secondary (Address) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from Accidental, Suicidal or Homicidal. ENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) place In the eath ____yrs.____mos.___

W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken hou chold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal minc, etc. Wom-6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory valvular heart disease; Measles;

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PARENTS

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is very important.

M	
	RECORD

PLACE OF DEATH
County Balto. 60

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.:Ward)	a hospital	occurred in or institu-
	tion, give	its NAME is - street and

number.)

	MEDI	CAL CERTIFI	CATE OF	DEATH.	1
16 [DATE OF DEATH	morel	v 20	54	1982
*****		(Mon	th)(Day)	(Year)
12	1 HEREB	Y CERTIFY, TH	at I attende	d the dec	eased fro
	an.	1932 2 10	more	4,26	1923
6					
	I last saw h &				
and	that death occu	irred on the dat	te stated abo	ve, at	30 Q
	CAUSE OF DEA				
)				
10	1 . 1	Hemon	fire.	Wen	u lele
			The state of the s	1.1.	-
	bequite::::::::::::::::::::::::::::::::::::				
		(5)			
		1	on)yr	81 mo	3d
(Contributory	cookee but began occorace and a colores	cleso	2100	rugo
0	Secondary	sufficien	ag aron	orue V	apocons
	1 acas -100	(Durati	on)yr	8mo	s,
(Sign	ed) Danie	e of Rd. H	Do. Jes	uler	M.
3	136/32 100	(Address)	Tousa	20 2	nd
	194	(Address)			
	*State the // /iolent Causes, / /ccidental, Suicida	l isease Causing atate (1) Means l or Homicidal.	Death, or, s of Injury	in death and (2)	Whether
-	ENGTH OF R		llospitals	Institutio	ns. Ir r
	ents or Recent F				
At p	lane eathyrs	.mosds.	In the State	yrsı	mos
	re was disease con or at place of de		****		0-0
	res.dence	*******************	4	**********************	
-					-

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Morch 264, 1932 (Month) (Day) (Year)
PATE OF BIRTH June 28, 1854 (Month) (Day) (Year)	that I last saw h & alive on Morth 201, 193.
16 If LESS than I day hrs. 20 ds. or min.?	and that death occurred on the date stated above, at 50 C, n The CAUSE OF DEATH * was as follows:
a) Trade, profession or articular kind of work	Irebol. Hemorrhage (Hempley
o) General nature of industry usiness, or establishment in which employed or (employer) Black + Declar BIRTHPLACE (State or country)	Contributory alero Delegozio Myso Secondary Susufficienza Universa Ensperante
10 NAME OF FATHER William Youngment	(Signed) Daniel of Ry. Thos. Jenney M. 1 3/26/32 192 (Address) Tourson ms
OF FATHER (State or country) Mary and. 12 MAIDEN NAME OF MOTHER Mary bomeaus.	*State the l'iscase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Ilospitals, Institutions, Translens or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Maryland,	At place of deathyrsmosds. In the Stateyrsmosd
(Informant) Margaret H. Foster	Former or usual res.dence
(Address) V33 Willow are . Towso, Filed Meh 25 1932 Vm P. Buller	20 UNDERTAKER ADDRESS LIBEAUS LIBEAUS LIBEAUS

If more b.anks are needed, addre. Late Registrar, 18 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

No. 1

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more preuse relation, etc. Wom-laborer, Farm laborer, Laborer—Coul minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, Physician, Compositor, Architect, the first line will be sufficient, e g.. Farmer or Flanter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Stationary freman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

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BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 1 1000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeavier, laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on e-pecially in industrial employments, it is neces-Stationary fireman, etc. But in many (b) Automobile factory. The materic Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: A ccidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. -WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112474
1. PLACE OF DEATH	Tora
County Baltimore	Registration Dist. No. 3
Village or City Towson, Md.	No. Sheppard and Enoch Pratt Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Myss Elis Grube	Beries
(a) Residence: No. 563 Lugeme Our.	St., Ward. W. Petts ton Ca- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Williams	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of forms I Represent	22. I HEREBY CERTIFY, That I attended deceased from
Form F. gorag out out seen	7 et. 14, 1932, to Mar 25, 19 32
6. DATE OF BIRTH (month, day, and year) W. 15, 1867	I last saw h. Lalive on
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 6 40 frm.
67 4 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Fronchis preumence Man 17
SAWYER, BOOKKEEPER, etc.	arters Schwircht des 1922
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Day Clinis Jan'31
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year).	V ()
Pittston Pa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
A D C	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Clara Sanders 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Hels Pitts ton la Date March 21, 1982	Manner of injury
19. UNDERTAKER John Benns Sons	24. Was diseese or injury In any way related to occupation of despased?
(Address) (1 orosoles llan	If so, specify
20. FILED March 26, 1002 / 12 V, Buffer	(Signed) Arthur E. Attroll Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
5		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

Exact

(Year)

min.

Registrar

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. L	1-4
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(If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and number.)

02475

_	
	MEDICAL CERTIFICATE OF DEATH
	18 DATE OF DEATH March 6, 1932
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	March 6 1982 to March 6 , 1982
	0/744
	that I last saw har alive on Mullona, 1927
1	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	111-11
	NV4 (1/12Ac-
	few works
	(Duration)ds
	Contributory
	Secondary
	yrsyrsds
	(Signed) M. D
	3/6/ 192 (Address) (3 ssep, mg
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of deah?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ı	Thras almo 9 form 3/9/ 102
	Je for
	20 UNDERTAKER ADDRESS
۱	J. Granelly lessex

No. 1 ಶ್ WRITE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation single word or term on The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Nomenclature contributory

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STATE OF MARYLAND IFICATE OF DEATH

Registration Dist. No....

.... Ward) (If death occurred in a hospital or institu-

olon, give its NAME inrtead of streat mumber.)

MEDICAL CERTIFICATE OF DEATH

(Day) HEREBY CERTIFY, That I attended the decoused from and that death occurred on the date stated above

Violent Causes, state (1) Means of Injury: and (2) whether

18 LENGTH OF RESIDENCE (For Haspitals, Institutions, Trans-

State,yrs......nios.

DATE OF BURIAL

Tr more blanks are needed, fiddress State Registrar, 16 W. Saratoga St., Balto., Requestive V. S

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. additional line is provided for the latter statement; it m..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; ured 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Gook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. 'The material whatever, write None. Housemuid, etc. If the occupation has been changed reiness, that fact may be indicated thus: Farmer Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal minc, etc. Wom-As examples: (a) (re

ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebra Typhoid fover (never report "Typhoid pneumenia") Lobar pneumonia, Bronchopneumonia ("Pneumonia." Statement of Cause of Death-Name, first, the BIG

> men quences (e. g., sepsis, tetanus) may be stated under the bead of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculoric of lungs, men ture of the injury, as fracture of skull, and conse discases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," vulsions," stated unless important. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MKANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.) Example: Measles Always quality all (second-(disease (mereiy

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The certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	
EACL OF SEATH	STATE OF MARYLAND
County Balta	CERTIFICATE OF DEATH
, and the state of	115-01 DEATH
	Registration Dist No. 2/0
WWW AND	
Village or City V Mat No.	St.: Ward) (If death soccurred i
	tion, give its NAME i.
2FULL NAME WRICH. Vames ()	stead of street an number.)
- CEL MAIL A SOUTH OF THE SECOND OF THE SECO	numaer.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
WIDOWED.	/ Warch 30 , 1937_
Write the word)	(2)
6 DATE OF BIRTH	(Month) (Day) (Year)
AAA	MA 2
W mich 19 1885	1922. to / 1982
(Month) (Day) (Year)	that I last saw h Mailive on Mu 29 193 2
7 AGE If LESS than	
IL I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
B OCCUPATION	(1 Maint - Undina)
(a) Trade, profession or	Viviana
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer) Knew Merchant	(Duration) yrs mos de
	Contributory
9 BIRTHPLACE (State or country)	Secondary Later Cont
Michael. VII.	(Duration) vrs
10 NAME OF	Ma Ma M. J.
FATHER ALLES TOTAL OF THE DESTRUCTION OF THE PARTY OF THE	(Signed)
11 BIRTHPLACE	192 (Address) Will . Re + Thomas h
Z (State or country)	*State the Lisease Causing Death, for an August Michael Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
a morning frager	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Means. Ly.	of deathyrsmosds. Stateyrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Se la R	Former or usual residence
(Informant) Mrs. Mabel Beggions	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
and the state of t	and and
. (Address) I have March hid	Taskerod ans. 1. 193:
15	20 UNDERTAKER ADDRESS
Filed 3 7/ 1982 17 N. 40 Much	0 1
Registrar	Frederick Lassahnolm 7401 Below
If more branks are needed, address State Registrar	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Fanguerre tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (h) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation -- Precise statement of ocgaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, whatover, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, Grocery.

spinal meningitis"); Diohtheria avoid use of "Croup ed term for the same dise se. Examples: Cerebros Statement of Cause of Death-Name, first, the Day Typhoid fever never report "Typhoid Pneumonia fever (the only definite synonym is "Epidemic cerebrold EASE CAUSING DEATH (the primary affection with respec time and causation, using always the same accept pneumonia, Branchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, teanus) may be stated under the head of "contributory." tions, such as "Asthenna, Autoria," "Convulsions," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. approved by Committee on Nomenclature of the State cause for which surgical operation was under-"Exhaustion," "Heart "Old Age, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis." ctc. diseases can be ascertained "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary parbolic acid—probably suicide. The nature of the injury, Recommendations on statement of cause of perdonacum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage or intercurrent) affection need not be cough; as the cause. Always qualify all Chronic valendar heart disease; etc. The contributory

this certificate is looked over thoroughly and a l quistions ered in detail, it will prevent further correspondence. essential and must be obtained before the certificate is All the

J. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	02478
County Baltimae		Registration Dist. No.	14
Village or City Tharrow	Point	011 6	St., Ward
		f death occurred in a hospital or institution, give its NAME instead of street	et and number)
Length of residence in city or town where	daath occurred / 7 yrs. / mos	s, 20 ds. How long In U.S. if of foreign birth?yrs	mos ds.
2. FULL NAME / LEWIN	Brecht		
(a) Residence: No. 8/3 08	(Usual place of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	9 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Wary E	Grecht-	22. I HEREBY CERTIFY, That I att March 4 1922 to Murch	andad deceased from
6. DATE OF BIRTH (month, day, and year)	10Ach 18 1857	Au 0.5	9.32; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 153 Pm.	
74 //	20 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, 7	oreman.	Enffr	Date of onset 3-4-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILDER SAW MILL, BANK, etc. 10. Data docaased last worked at this occupation (month and	thlehem Iteel 6	-	
10. Data decaased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation		
12. BIRTHPLACE (city or town) 1140	stown la	Other Contributory Causes of importance:	
(State or country)	2 1	Jornoho Pruma	3-5-32
13. NAME folm B2.	echt		
14. BIRTHPLACE (city or town)	Pa	Name of operation	ta of
(State or country)	1/4	What test confirmed diagnosis? Was the	
15. MAIDEN NAME Polly 1 16. BIRTHPLACE (city or town) (State or country)	on o	23. If death was dua to axternal causes (VIOL ENCE) fill in also the fo	
O 16. BIRTHPLACE (city or town) (State or country)	a	Whera did injury. occur?	, 19
17. INFORMANTINE Marry E (Address) 8 15 E	Brecht	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	
18. BURIAL, CREMATION, OR REMOVAL Place of Ours Hill Pa	Date Mar 13, 1932	Manner of injury	
19. UNDERTAKER John T. D. (Address) 115 Lice	ernox	24. Was disease or injury in any way related to occupation of decease	ed?
20. FILED Mar. 10, 1932 6-1	My Comical m	(Signed) Joseph Co Elares (Address) Spanning &	ent M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02479
1. PLACE OF DEATH	
County Beltimore 60	Registration Dist. No.
Village or City Towson	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 623 & Japan Roa (Usal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH 27, 193 (Year)
5a. If married, widowed or divorced HUSBAND of Cory WIFE of Couglas Brook	March 25, 1932, to March 27, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h. On alive on Morch 27, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7:050 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were ms follows.
8. Trada, profession, or particular kind of work dona, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc.	Influenzal preumonia Man. 25,
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) England (State or country)	Definition Causes of Importance: Influenzal preumonia
II 13. NAME Unknown	
13. NAME UN KNOWN!	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (Stata or country) Scotland	23. If death was dua to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT John C. Wheadon (Address) 623 & Loppe Road	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place done less lork Date Mel 28, 19 8 2	Manner of injury
19. UNDERTAKER HENRY W. Mearst In. (Address) 805 n. balvert	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILEDMEN 27, 193 The Bulk Registrar.	(Signed) S. Lenger Wallace M.D. (Address) 2839 Wallwook Ave.
If more blanks are needed, dddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.		The same of the sa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-		100 miles 83 August 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	1101	W	

County County CERTIFICATE OF DEATH Registration Dist. No. 40 Willage or City Bradsham (No. 50) 2 FULL NAME	1 PLACE OF DEATH	02480
Registration Dist. No. 470 Village or City Brackshare (No. 5t; Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH **COLOR OR RACE S. BIRGLE MARRIED MARRIE	1 PLACE OF DEATH	STATE OF MARYLAND
Village or City Production (No	County Sulvi	
a hespital or heliticities rive its NAME disease of STRELE, give its NAME disease of STRELE and nember.] PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX STATISTICAL PARTICULARS SEX STATISTICAL PARTICULARS OCIO OR RACE SINGLE, MARRIED, M	n n nud	Registration Dist. No. 40
SEXI COLOR OR RACE SINGLE WARRIED WOONED OR ON DIVERS (Worth word) GOATE OF BIRTH TAGE 43 OCCUPATION (A) 18 1 (1855 thead 1687, hrs. 1911,	10 (10	a hespital or institution, give its NAME instead
OATE OF BIRTH OATE O	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE	WILLIAM WILLIA	march 23,1952
1 day, hrs.	GOATE OF BIRTH (Mpnch) (Day) , 1878 (Year)	Suddens Bursh. , 191.,
Contributory BIRTHPLACE OF RATHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) DATE (Address) DAT	1 day, hrs.	
10 NAME OF FATHER WAS H. Brown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lup Brown Las (Address) (Address) Brown Las (Address) (Address) Brown Las (Address) (Address) Brown Las (Address) State (I) Means of Injury; and (2) whether Accidental Causers, state (I) Means of Injury; and (2) whether Accidental Causers, state (I) Means of Injury; and (2) whether Accidental Causers, state (I) Means of Injury; and (2) whether Accidental Causers, state (I) Means of Injury; and (2) whether Accidental Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residence (Informant) Lup Brown Las (Is and Injury) (Address) Brown Las (Informant) Lup Brown Las (Infor	particular kind of work (b.) General nature of industry business, er establishment in (which employed (er employer)	1.1.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Add	10 NAME OF FATHER LAND LI	Secondary (Quration) 2 yrs mes ds.
13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Address) (Addres	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	
(Informant) Lev Brown Log (Address) Bradshaw lond (Address) Bradshaw lond 18 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER PLACE OF BURIAL OR REMOVAL ADDRESS PREGISTRAN PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS PLACE OF BURIAL OR REMOVAL ADDRESS PREGISTRAN PLACE OF BURIAL OR REMOVAL ADDRESS PLACE OF BURIA	13 BIRTHPLACE OF MOTHER (State or country) a.a. 20. hadr	OR RECENT RESIDENTS) At piece In the of desthyrsmesde. State,yrsmosds.
FRED MAY 2418B2 J.F. H. Gosnel Daniel Eston Penn Cor Cil	1 12	If not at place of death? Former or usual residence.
Name of the factor of the	FRED Marzy19B2 L.F. H. Gorsuch	astures Cometeres Mar. 25, 1913 2

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm lobarer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Collan especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in If retired from of age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never roport "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failurc," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. surgical operation was undertaken. For violent deaths "Puenpenal peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Shock," "Uraemia," "Weakness, by railway train-accident; Revolver wound "Coma," The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), "Atropuy, State cause for which Never report mere "Atrophy," "Col-ACCIDENTAL, unportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

02481

1. PLACE OF DEATH	(14)
County Realtimore	Registration Dist. No. 35
Village or City While Itall In	No- St., Ward
(If Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	L Pull
2. FULL NAME Climic Getter	V. V.
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH Mary 1 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	22. I HEREBY CERTLEY, That t Attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Thu 7 1899	Hest saw harmotive on mary 10th, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 445 a.m.
33 0 4 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Intercular neurigitis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	-
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Back and	Other Contributory Causes of Importance:
(State or country)	Justres Disturbance
13. NAME James A. Bull	
13. NAME Garnes A. But 14. BIRTHPLICE (city or town) Backs C. Incl.	Name of operation 20012 Oate of
(Stete or country)	What test confirmed diagnosis lynical Swarther of eutopsy? U.S.
15. MAIDEN NAME Sacah mitchell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sacah Mulchell 16. BIRTHPLACE (city or town) Back Ca	Accident, sulcide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT hw. Jane A. Bull (Address) white Itally Indi	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash delectry Date Mar. 13, 1932	Manner of Injury
P montolen Son	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
20. FILED Jan 12 to, 1982 m. Balling Regard.	(Signa Nays) TO The M.D. (Address) Stewartstown (a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration Dist. No.	35
No leath occurred in a horpital or institu	S NAME:	t., Ward
	f foreign birth?yrs	
St., Ward.		
ot., waru.	If nonresident give city or tow	n and State
MEDICAL C	ERTIFICATE OF DEAT	тн
21. DATE OF DEATH	me of	
	(Month) (Day)	, 193 (Year)
	CERTIFY, That I atte	
	1932 to man	
	Mar. 19 ,19	32.; death is said
to have occurred on the data state		
The PRINCIPAL CAUSE OF DEAT were es follows:	H end related causes of importance	Date of onset
	~k3"	
Cerebral 1	Hemorrheige	-1
	/	
Other Contributory Causes of impo	rtance:	
SI	mis, La Gupp	~
Chilles Jeres	no, a dupy	9
Neme of operation		-
	Was the	
23. If death was due to external cau		
	Date of injury.	, 19
Where did injury occur?	(Specify city or town, county at 1 INDUSTRY, in HDME, or in PUBL	nd State)
Specify whether injury occurred in	INDUSTRY, in HDME, or in PUBL	IC PLACE.
Manner of injury		
Netura of injury		
24. Was disease or injury in any w	ay related to occupation of deceese	d?
(Signed)	(/ /	aM. D.
(Addrass)	new Ferred	un Pas
AII N. Charles Street, Baltimore, Re		

If more blanks are needed, address State Registrar, 2

Registrar.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 02483
1. PLACE OF DEATH	
County Baltimore Mito	Registration Dist. No. 0
Village or City Reyton Med	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Brooke Ca	stes
(a) Residence: No Boyce Cine Ruyton Mu	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH March 23 -
Male Mute Single	(Month) (Day) (Year)
5a. If martied, widowed, or diversed HUSPAND of (or) WIFE of	22. O I HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of	Vec 1 1931 to March 23 1932
6. DATE OF BIRTH (month, day, and year Loke 1 - 1931	I last saw h Line alive on Jan 10 , 1932; death Is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 716 P.m.
2 23. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade prefeccion or particular	Serlared Measure
kind of work done, as SPINNER, Child	gland (continued & May 23
9. Industry or business in which work was done, as SILK MILL.	(g. e. Amay) 1332
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and year) year)	
Baltin 911	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / FULLY LINE (State or country)	
De Ott. 91	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there en autopsy? 420
I 0 011	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Salutures (State or country) Incl	Accident, suicide, or homicide? Date of Injury, 19
The Govern Conti	(Specify city or town, county and State)
(Address) Bayel Que Rueton Uses	Specify whether injury occurred in LYDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Ellett Buying Grow Dar March 24 1931	Nature of injury
19. UNDERTAKER Herry It Jenking et lo (Address) Billiage Ing College	24. Was disease or injury In any way related to occupation of deceased?
20. FILEOMASCULZ 41932 At - Degto.	(Signed) Sein Clevers Tappaer M. D. (Address) 1201 Af Calvert D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County EXACTLY, P Ward) stated EXACT properly class of certificate. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, may be WIDOWED. OR DIVORCED (Write the word) pino 6 DATE OF BIRTH that it CE terms so that Month) (Day) (Year) [If LESS than] 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: pplied. 8 OCCUPATION 2 sur in t (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) Contributory H 9 BIRTHPLACE Secondary (State or country) be EA (Duration) Should S 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, ir, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER Z OZ CAU (State or country) Accidental, Suicidal or Homleidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place of death. OF MOTHERyre.....mos,.....ds. (State or Country) 0 Where was disease contracted, 0 if not at place of death? shoul Every item CIANS sho statement Former or usual residence. (Informant)

60

Registration Dist. No. 4 (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) I HEREBY CERTIFY, That I attended the deceased from

DATE OF BURIAL

In the

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screon, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, without more precise specification as Day For persons who have no occupation Loborer-Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tclanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association. (Recommendations on statement of cause of carbolic ocid-probably sucide. The n.ture of the injury, negident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy." "Collapse," "Cona," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicacomia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. PLANNLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important.

MARGIN RESERVED FOR BINDING

B.—WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 49
Village or City Parkville (IF	No. Harford Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ardeth May Comes	
(a) Residence: No. Harford Rd., Parkville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Narch 12th 193 2 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY, That I attended deceased from 1932, to 1932 1932
6. DATE OF BIRTH (month, day, and year) June 7, 1931	I last saw h alive on May 12, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7:45 Pm.
9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lower neumonia in 4
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.	Delia Con
	2 poay inclusing
13. NAME Robert Comes 14. BIRTHPLACE (city or town) Balto, Co.	
[14. BIRTHPLACE (city or town) Balto. Co.	Name of operation Date of
	What tast confirmed diagnosis?
15. MAIDEN NAME Amanda Mitzel 16. BIRTHPLACE (city or town) Balto. Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Dallo.	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Amanda Comes - Mother (Addrass) Parkville, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Parkwood Date Mar. 16, 19 32	Nature of injury
19. UNDERTAKER Frederick Lassamulas. (Address) 7401 Belair Rd.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/15 , 1932 / S. a. Finty M.D. Registrar.	(Signed) Harry & Small M. D. (Address) \$\Darrow\ 309 Harris P. d
Acgistrar.	(Audiess) 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I		Example II	
The principal cause of de of importance were as foll Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	100 0 1100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1972	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

-WRITE

V. S. No. 1

02487

1. PLACE OF DEATH	(82·F)
County & altimot	Registration Dist. No. 30
Village or Gity Coatonour Cle Apres	of New Store file St. Ward
Length of residence In city or town where death occurred	If death occurred in a hospital or institution give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella H Connell	2
(a) Residence: No. 2202 (Usual place of abode)	St., Ward. Balks . Mil.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Feresle White OR DIVORCED (write the word)	March (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Jas & Cornellee	22. I HEREBY CERTIFY. That I attended deceased from
7.41, 1880	974 1 2 2-
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 5 m
57 0 19 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Cerrbal Embolesm 4da
to Oato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balko, Cily (State or country)	Other Coutributory Causes of Importance:
	- CONNETCO - Schools Vy
E	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annie Hellman	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Annie Hallman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Sax E Mark (Address) 22.02-01 Class description	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Little May Date May 12 1958	Nature of injury
19. UNDERTAKER my Trickmy & South	24. Was disease or injury In any way related to occupation of deceased? 200
21 01/10	If so, specify (Signed) ASSA 2 Garrett M. E.
20. FILED , 19 Registrar.	(Address) Batemarlle In
for the first of t	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	
2	Attack of chilensu	
1	7 7 7	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
allow-december — of Pallings	Other contributory causes of importance:	
	Gastroenteritis	1 year
	. 9.	Other contributory causes of importance:

MARGIN RESERVED FOR BINDIN A PERM. WRITE ILAN ITH UNFADING INK---THIS IS

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dalto.	(68) CERTIFICATE OF DEATH
n ++	Registration Dist. No.
Village or City Reia blokum (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME in
2 FULL NAME Mary Francis (unstantine stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 WINGLE, MARRIED, WHOWED, OR DIVORCED 94	16 DATE OF DEATH March 3 182
lemale Write the word) Marry	(Month) (Day) (Year)
6 DATE OF BIRTH	Feb 28th 182 10 march 2 103 2
(Month) (Day) (Year)	that I last saw her alive on Merch 2 1832
7 AGE If LESS that	and that death occured on the data stated above, at
17 we man do a min	
B OCCUPATION	Thermania Colors
(a) Trade, profession or particular kind of work.	. I have been a second of the
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs mos 7 de
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	Duration year incede
FATHER Joreal Udama.	(Signed) M. D. M.
II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, In deaths from
(State or country) // and	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Suran Huses.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER 044	At place In the
(State or country) Mary Land.	Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) William H. Lynolan his	19 PLACE OF BURIAL OR REMOVA! DATE OF BURIAL
(Address) Revoterations Ind.	all Sainta Cemetery Mar 4 . 1. 35
15 Filed March 3 19232. A. M. Slade. Registras	Jum Berry man & Reisters town
If more blanks are needed, address State Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, cupation is very important, so that the relative health should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DI FASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, Mever return 'Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, whatever, write None. report Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womspecifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The Locomotive material engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumoniu (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases approved (Recommendations on statement of cause of death earbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronicetc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Althe data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

Ë

ż

certificate.

of

See instructions on back

TION is very important.

20. FILED 3/10/3 210

item of infor-

of OCCUPA.

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23) 02489
County Balto.	Registration Dist. No.
Village or City Traffe Road	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Thomas Com	ray
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mule Col, OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Siene Conway	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF RIRTH (month day and year) OAL, JCA 1895	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
Ditta di Diktii (monta, da), ond jout)	I last saw h ; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
76 // or min,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	rimannage
SAWYER, BOOKKEEPER, etc	17
work was done, es SILK MILL, SAW MILL, BANK, etc.	[Julmonary]
10. Deter deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas Command	
I when sure and	
(Stete or country)	Name of operation
	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Mary (unbernone)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Cambridge in d.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Int. Calvary Date 3/10/, 19.32	Nature of injury
10 HADERTANED Janiah Brown & Pono	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) 108 Pt. montgomeny	If so, specify

Registrar.

(Signed)

(Address) Dendelk

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	^
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Perilanitis	3 days ago
AUNGAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health ployed, as At school or At home. (a.e should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (l) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it 1 ture of the business or industry, and therefore an enry to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotics engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques gaged in domestic service for wages, as Scruant, Cook work, or 4: Home, and children, not gainfully emon at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement (a) Foreman, (b) Automobile factory. whatever, write None. Trainess, that fact may be indicated thus: Farmer, breatute occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occ pations Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Womof persons en-The material Crom

Etaiement of Cause of Death—Name, first, the preanse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

ary), 10 ds. Never report mere symptoms or terminal nuges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Insultion." "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suiomal, or Homicidal, or State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; "Uraemia," "Weakness." etc., when a definite disease Whooping cough; Nomenclature of the American Medical Association.) ead of "contributory." If this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease Struck by railway "Coma," (second-

ADDRESS

	8		
	Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	
1	H		
WRITE PLAINLY, WITH UNFADING INK THIS IS A PERM CENT RECORD	×,	led.	1
2	H	ssif	/.
0	AC	State	ate
EC	X	N C	fic
	ted	per	erti
Z/	sta	orc	of c
7	96	1 00	X
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RIJ	te	S	statement of OCCUPATION is very important. See instructions on back of certificate.
>	ry	1 N S	ton
	EVe	C	sta

FNT

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(Address)

FOR

MARGIN RESERVED

PLACE OF DEATH STATE OF MARYLAND County Baltimore CERTIFICATE OF DEATH Registration Dist. No. Village or CityHalethorpe Linden Ave. St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and Sophia O.Daley. 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIOWW Fehale White OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 1932 to 1835 August (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work None (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Baltimore City Md. 10 NAME OF FATHER Benjamin Horn. 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. Baltimore City. Md. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Regina Rippert. ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER yrs.....ds. State.....prs....mee Baltimore City. Md. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or

Charles E. Oyler,

Halethorne Md.

EDMONDSON AVE. If more bienks are needed, address State Registrer, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

19 PLACE OF BURIAL OR REMOVAL

Haual residence

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

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fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup")
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia Bronchopneumonia ("Pneumonia.")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Ishure, "Old Age," "Shock," "Inanition." "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions," g cough; Chronic interstitial nephritis, Chronic etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

TION is very important.

-WRITE

V. S. No. 1 N. B. STATE

OF MARYLAND—CERTIFICATE OF

02491

1. PLACE O	F DEATH			(83)	
County	7 7			Registration Dist. No.	
				Sheppard and Enoch Pratt Hospitali,	Ward
Length of res	idence in city or town where	deeth occurred 31	Lyrsmos	death occurred in a hospital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?yrs	d number) .mosds.
2. FULL NA	ME Ralph Edg	ar Danner			w.
(a) Resider	nce: No.2621 Edmon	ndson Ave. (Usual place	of abode)	St., Ward. Sattumous If nonresident give city or town a	ind State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE white		RIED, WIDOWED, (write the word)	21. DATE OF DEATH March 19, (Month) (Oay)	, 193 32 (Year)
5a. if married, widov HUSBANO of (or) WIFE of	ved, or diverced Lillian Edn	a Whitney		22. I HEREBY CERTIFY, That I attended Feb. 11, 1932 to March 19,	
6. DATE OF BIRTH	(month, day, and year) Oc	tober 23.	1882	I last sew h im alive on March 18, 1932	
	Months 4	0ays 26	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe	8 Trade profession or particular			Chronic myocarditis	Oate of onset unk.
9. Industry or work we SAW MI	business in which is done, as SILK MILL, LL, BANK, etc	1 11 7.4.14	ime (years)	Pulmonary oedema	1 day
12. BIRTHPLACE (city or town) (State or country) 11. Total time (years) spent in this occupation (month and unknown spent in this occupation (cuty or town) Allentown (State or country) Pennsylvania			Other Contributory Canses of Importance: General Paresis	unk.	
TI 13. NAME G	eorge Danner				
14. BIRTHPLAC	E (city or town) Peni r country)	nsylvania		Name of operationOate of What test confirmed diagnosis? Was there a	
当. MAIOEN NA	ME Lillian -	,Dar	ner	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
6 16. BIRTHPLAC	E (city or town) Ba:	ltimore	•••••	Accident, suicide, or homicide?	
17. INFORMANT Hospital Records (Address)		(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC			
18. BURIAL, CREMA	TION, OR REMOVAL	Roate 3/2	1952	Manner of injury	
19. UNOERTAKER (Address)	10m 6	- Pans	22	24. Was disease or injury in any way related to occupation of deceased? If so, specify	/
20. FILEDA Cha	19 1982 W	- P /3 m	Registrar.	(Signed) Arthur E. Pattrell (Address) Towson, Md.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year



BINDING

MARGIN RESERVED FOR

V

WITH UNFADING INK--THIS

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Falsen

3

STATE OF MARYLAND CERTIFICATE OF DEATH

County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sparks (No.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Jane Wang	Now number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Oslaced Officerd (Write the word)	16 DATE OF DEATH. 5 , 19233
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 5, 1932	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Skillborn I day	and that death occurred on the date stated above, at
yrsds. ormin.?	- Andrews of the second of the
8 OCCUPATION (a) Trade, profession or particular kind of work	Sullborn
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrede.
9 BIRTHPLACE (State or country) Shark Md	Contributory Secondary (Duration) yre mos de,
10 NAME OF Lewis Daughta.	(Signed) At the surmantus 7 M. D.
() 11 BIRTHPLACE	3-5- 1932 (Address) Sparke mg
(State or country) Jalk les. Ind.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Legyle Deall	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) St. Mariso & Md	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Vissie Vaughtan	Former or usual residence
(Address) Sparke mil	Ouaker Bottom Mar 6, 1930
Filed 3/6 1932 Diance Of Blake	20 UNDERTAKER ADDRESS ADDRESS Sharks, My

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Grocery,

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(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperiionaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. Nomenclature The contributory

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B.-WRF

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 024	93
1. PLACE OF PEATH	92.0	
/ County Waltamore	Registration Dist. No.)
Village of City Catonserla 4	reliance State of the state of	Ward
	ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Herry, let Day	n	
(a) Residence: No. Pasadena	a drate med	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	\
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Compared (write the word)	21. DATE OF DEATH March (Month) (Day)	193 <u>7</u> (Year)
5a. If married, widowed, or divorced HUSBAND of College Schming.	22. HEREBY CERTIFY. That I attended d	eceased from
21	June 6, 1931, 10 Nich 17	., 1932
6. DATE OF BIRTH (month, day, end year)	8/51	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dale stated above, at	
65 10 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end spent in this securation (month end spent in this spent in this securation (month end spent in this spent	Che Endaged Fix	000
10. Date decessed lest worked et this occupation (month end year)		7.4102
so Didition (CD /-ib ()	Other Contributory Causes of Importance:	
12. BtRTHPLACE (city or town) (State or country)	(0 April - School)	12
II 13. NAME 11 M avis	011400	· W
13. NAME t4. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diegnosis? Was there an au	tonev?
15. MAIDEN NAME Caroli Buche	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	(opsy:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
State or country)	Where did injury occur?	
17. INFORMANT Ham W Davis Son	(Specify city or town, county and State Specify whelher injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Color Still Date Mar. 19, 1937	Nature of injury	
19. UNDERTAKER John 9. Llenny	24. Was disease or Injury in any way related to occupation of deceased?	10.
(Address) of 715 Light of	If so, specify	
20. FILED / 10 19/ William	(Signed) Volt. Garrett	M. D.
Registrar.	(Address) Catoricelle ne	d-
If more blanks are needed Judges Somte Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephrific	1921	Run over by street car	1 weck ogo
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
1995 IS HAM			
Other contributory causes of importance: Gollstones	Moy 1,1923	Other contributory causes of importance: Gostroenteritis	1 year
The state of the s			

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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County Balta Village or City Bustustoyn No. (If death occurred in a hospital or institution, give its NAME instead of street and number and street and number and street and number and street and number and street. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Month) (Day) 1. HEREBY CERTIFY, That I attended decease the following in the street and number and State and number and State and number and street and number	4
Village or City Pustuation No. (If death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution.	
(If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where deeth occurred 25 yrs	
2. FULL NAME (a) Residence: No. (busing large of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St., Ward. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 36 (Month) (Month) (Day) (Month) (Day) 22. 1 HEREBY CERTIFY, That I attended decear in the state of the state	Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Wonth) 22. 1 HEREBY CERTIFY, That I attended decear	ds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Usual place of abode) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Month) (Day) 22. 1 HEREBY CERTIFY, That I attended deceand the process of the pr	
3. SEX Femole 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. COLOR OR RACE OR DIVORCED (write the word) 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I attended decease much 1932, to 2002, 1000, 10	
Femole White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended decear much page 1, 1932, to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended decear multiple of 1813.5	حـ (ear)
M 16 18 11.5	ed from
	h is sald
7. AGE Years Months Oays If LESS than to heve occurred on the date steted above, at 3 a.m.	
	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Housewif SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and sent in this occupation (month and sent in this	18-32
10. Date deceased last worked at spent in this year) cocupation (month end year)	
Other Contributory Causes of importance:	
(State or country)	
E JACO CAROLETTA	
Name of operation Dete of State or country)	
What test confirmed diagnosis? Was there an autops 23. If death was due to external causes (VIOLENCE) fill In also the following:	1
15. MAIDEN NAME Mary Signs 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Mary Signs 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur?	9
(Specify city or town, county and State) 17. INFORMANT Muss Blanche Dichson Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Rustinstown Mid	
18. BURIAL, CREMATION, OR REMOVAL Place Lathern Cerm, Date April 1, 1932 Nature of injury Nature of injury	
19. UNDERTAKER J. F. Le line + Sans 24. Was disease or injury In any way related to accupation of deceased? (Address) furtified md. If so, specify	
20. FILED Fresh 30, 1932 St. M. Slade (Signed) Harry 78. Slade (Address) Registrar. (Address) Review med	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsat	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1932			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

		MARGI	N RE	SER	ED	FOR	BINDIA	NG	MARGIN RESERVED FOR BINDING)	
RINE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFA	DING	INK	THIS	IS A 1	PERMAN	EX	RECORD	. Every it	tem of infor	
ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully s	supplied	. AGE	S shoul	d be	stated	EXAC	TLY	. PHYS	ICIANS	should state	4)
USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	n plain	terms,	so tha	t it ma	y be	proper	y classifi	ied.	Exact sta	tement 0	f OCCUPA	
N is very important. See instructions on back of certificate.	nt. Se	ee instru	ictions	on bac	k of	ertifica	te.					

	1. PLACE O	F DEA	ТН			23)	
	County	Balt	imore			Mt. Wilson Registration Dist. No. 3	2
	Village or (CityM	It. Wilso	on		No. Tuberculosis Sanatorium	Ward
					(Ji	death occurred in a hospital or institution, give its NAME instead of street and 4ds. How long in U.S. if of foreign birth?yrsmm	number)
			4.0.3			Born in Maryland.	osds.
	2. FULL NA		Alber			County Md.	
	(a) Resider	nce: No	Stemmer	S Run, (Usual place	Baltimore of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	VAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male	4. COL	White	OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH March 30th (Month) (Day)	, 193_2_s(Year)
5a	. If married, widow HUSBAND of	ved, or div	rorced				
	(or) WIFE of					22. I HEREBY CERTIFY, That I attanded June 26th, 1931, to March 30th	
	DATE OF BIRTH	(month de	and waar) all	une 11t	h 1905	Hast saw him alive on March 30th, 1932	
	AGE Yes		Months	Days	If LESS than	to have occurred on the date stated above, at 8 . 50 Am.	., death is sold
	26		9	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trade, profe	ession, or p	particular	III		, more 23.00043.	Date of onset
10	103		, as SPINNER, EPER, etc	Farmer		Pulmonary tuberculosis	March
JPA	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and						1930
SAW MILL, BANK, etc				11. Total t	ime (years)		-
0	this occu	pation (m	onth and	spe	nt in this upation		-
12	. BIRTHPLACE (c	tu or town	Baltim	ore Cou	ntv	Other Contributory Causes of importance:	
14	(State or cou		Mary	land.	##	Spontaneous pneumothorax	March
ER	13. NAME	Jeorg	ge Diete	Ţ,		- Sportvaries in summer in the ax	23,19.
FATHER	14. BIRTHPLACE	E (city or t	own)			Name of operation No operation Oate of	
_	(State of	r country)				What test confirmed diagnosis? A-ray and Was there and	autopsy?_NQ_
HER	15. MAIDEN NA	ME (Catherin	e Chete	let	23. If death was due to external causes (VIOLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACI		own)	7		Accident, suicide, or homicide? Oate of injury	, 19
-	(State or	(country)	Mary	land		Where did injury occur? (Specify city or town, county and State	re)
17	(Address)	Mit	Ni Kch	n. Md.	<i></i>	Specify whether Injury occurred in INDÚSTRY, in HDME, or In PÚBLIC PL	ACE.
18	BURIAL, CREMA	TION, OR	REMDVAL	an an	4. 1 1022	Manner of injury	
-	riace April.	1. The	1	Date Op	Vl, 1932	Nature of injury	
19	. UNOERTAKER	trede	uch Las	salin o	law	24. Was disease or injury in any way related to occupation of deceased?	No
-	(Address)	1401	Welays	and a	0	If so, specify	
20	FILEO 3/3	0	19.32	1 6. G. [Registrar.	(Signed) Mt. Wilson, Md.	
ii.					Acgustar.	" (nodiessy	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
,		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-RECORD Every item of stated EXACTLY. properly classified. IS A PERMANE MARGIN RESERVED FOR BINDING certificate. WITH UNFADING INK-THIS AGE should be jo TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may be carefully supplied. mation should -WRITE

V. S. No. 1

County	120	1/min		Registration Dist. No.	37
Village or City	Glencon		***	NoSt., death occurred in a horpital or institution, give its NAME instead of street	
Length of residence In	city or town where	death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yrs.	mos as.
2. FULL NAME	HE	my Do	rs ey		
(a) Residence: No.		\mathcal{F}		St., Ward.	
		(Usual place		If nonresident give city or town	
PERSONAL A		,		MEDICAL CERTIFICATE OF DEAT	
0 -	OR OR RACE		D (write the word)	21. DATE OF DEATH March 26%	103 2
	elond	Marsia	L	(Month) (Day)	(Year)
ia. If merried, widowed, or di HUSBAND of (or) WIFE of	vorced Naria			22. March 16 1932 to March 16	nded deceesed from
DATE OF BIRTH (month, d	law and year) (O	11 -th /8	64	tlast sew heine elive on March 26 th, 195	death is sale
. AGE Years	Months	Days	If LESS then	to have occurred on the dete stated above, at	
67	5	1/	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trede, profession, or kind of work done SAWYER, BOOKK	e, es SPINNER, EEPER, etc	Farm Laker	~	Influenza- Broncho-	march)
kind of work don SAWYER, BOOKK 9. Industry or business work was done, e SAW MILL, BANK 10. Date deceased last	in which s SILK MILL. Here i, etc	work, Law	- Hardon	Preumonia -	1472
10. Date deceased last w this occupetion (m yeer)	nonth and	spe	ime (yeers) ent in this of upetion		
12. BIRTHPLACE (city or town	n) 1300/	unon Cz		Other Contributory Canses of Importence:	
(Stete or country) 13. NAME No.	cholas &	orsey	<u> </u>	OEdoma of Lings	
13. NAME 14. BIRTHPLACE (city or (State or country)		me		Neme of operation Date What test confirmed diegnosis? Was there	
15. MAIDEN NAME	SabriRa (malden	•	23. If deeth was due to external causes (VIOL ENCE) filt in also the foli	owing:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)				Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT	go Phodu	Beard	L.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	
18. BURIAL, GREMATION, OR Place Stephen	REMOVAL como Chapa	Date Mar	ch 29 1, 1932	Manner of injury	
19. UNDERTAKER (Address)	- G Bron	As Hou		24. Wes diseese or injury in eny way related to occupetion of deceased	1?
20. FILED Moreh 24th	19.72	7 10	,	(Signed Jun H. Drach	M. I

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 doys ago
BURRAU V. S			
Other contributory causes of importance:	and .	Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-EXACTLY. CAUSE OF BEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. BINDING ERMANE mation sh -WRITE

		MARGIN RESERVED FOR	मुभ	SEKVI	2	2	न
LANLY, THE UNFADING INK-THIS IS A P	TTH	UNFADI	NGI	NK-T	HIS	IS	4
build be carefully supplied. AGE should be stated	efully	supplied.	AGE	plnods	pe	sta	red

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STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	2497
1. PLACE OF DEATH				1
County Baltimore &	ounty		Registration Dist. No.	(
Village or City Germon Hill R	out Co	lgate PO.	NoSt	Ward
Length of residence in city or town where dear	- 1	0	death occurred in a hospital or institution, give its NAME instead of street and includedds. How long In U.S. if of foreign birth?yrsm	
(a) Residence: No. Col	9 ate		St. Ward.	
(*)	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Famale White	OR DIVORCE	RIED, WIOOWED, O (write the word)	21. DATE OF DEATH Marcha 6" (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	rawer		22. I HEREBY CERTIFY, That I attended Dec 292, 1931, to March 6	
6. DATE OF BIRTH (month, day, and year) Not	1 anown			_; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2-30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tired		General Arterio Sclerosis	542 -
SAW MILL, BANK, etc	11. Total ti	me (years) It in this		
12. BIRTHPLACE (city or town) - Germa (State or country)	any		Other Contributory Causes of importance:	
	1		Townsac vecomensalion	2 were
14. BIRTHPLACE (city or town) Servi (State or country)	any		Name of operation Oate of What test confirmed diagnosis? Use Was there an a	()
15. MAIOEN NAME Unferrorr 16. BIRTHPLACE (city or town) Service (State or country) 17. INFORMANT August Caddress)	nany	ı	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19 (e)
18. BURIAL, CREMATION OR REMOVAL Place Pala Jaun	Oate Mar	ch10,1932	Manner of injury	
19. UNDERTAKER John Duda (Address) 2811 Hugson	w		24. Was disease or Injury In any way related to occupation of deceased?	
20, FILEO 078/3 719	Hour	Mary State British	(Address) (00. S. Pattarsor Paric and 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	m. U.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day As examples: (a) The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> symptomatle), "Atrophy," "Collapse," "Coma," "Conment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL scpticaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Aronehopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; FOI VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular (Recommendations on state-Example: Measles (disease heart disease; (second-(mercly

ence. All the data essential and the certificate is permane else disched tions answered in If this certificate is looked over thoroughly and all ques-ons answered in detail, it will prevent further correspondnthal and must be obtained herore



1/	PLACE OF DEATH	
	County Baltimore Homewood	82-a
Vil	Property Catonsville (No. 717 Edu	und
=	PERSONAL AND STATISTICAL PARTICULARS	
	SEX 4 COLOR OR RACE 5 STRGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DAT
-	DATE OF BIRTH (Month) (Day) (Year)	17 A
7 4	AGE 83 yrs. 1 mos. 13 ds. or min.?	and the
P ()	b) General nature of industry	
-	BIRTHPLACE (State or country) Marion (State or country)	Con
******	10 NAME OF FATHER J. Elliott	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Viole
PAR	OF MOTHER 13 BIRTHPLACE	18 LEN
	OF MOTHER (State or Country) manyland.	At place of death Where v
14	(Informant) C. D. Brown	Former ousual res
	(Address) 12.2.2. W. Carolinia Dr.	11/1

Registrai

Nate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

me Registration Dist. No.Ward)

(If death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH Onerch 6- , 1932
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from fibruary 291932 to march - , 1932, that I last saw h im alive on march , 1932,
and that death occurred on the date stated above, at 1- V. m.
The CAUSE OF DEATH * was as follows:
Onfluenza
8
(Duration)yis mos7de.
Contributory Cerebral Henrichege.
(Duration)
(Signed) Cluster Reland, M.D.
3-7-192 (Address) 2532 Edundson a.c.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathyrsmosds. In thewrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence unthin
PLACE OF BURIAL OB REMOVAL DATE OF BURYAL
Mille - Deleunie 3/7/1022

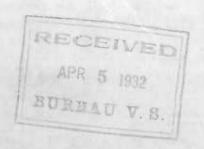
MEDICAL CERTIFICATE OF DEATH

No. σŏ

00

15

Filed



PHYSICIANS should state

EXACTLY.

stated

AGE should be

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be carefully supplied.

TION is very important.

of OCCUPA-

Exact statement

-WRITE mation

STATE OF MARYLAND-CERTIFICATE OF DEATH

,	1 .	p-	4 4	11
- [1	1	13	U	0
17	Seed.	41	61	-

1. PLACE OF	DEAT	H			———Ma
County B	alti	more			Registration Dist. No. 43
Village or Ci			eath occurredl		No. 14 Chestnut Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAM	ME S	arah An	n Ensor		
			tnut Av	e.	St, Ward. If nonresident give city or town and State
PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female		r or race	5. SINGLE, MARI OR DIVORCEI W 1 d	RIED, WIOOWED, O (write tha word) OW ed	21. DATE OF DEATH March 24, , 193 2 (Month) (Day) (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	ed, or divo		. Ensor		22. I HEREBY CERTIFY, That I attended doceased from 19 to March 24 1982
6. DATE OF BIRTH (month, day	, and year) Ja	n. 9. 1	852	I last saw h alive on Zucech 24 , 19.32, death is said
7. AGE Year		Months 2	Days 15	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:30 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or be work was SAW MIL	BOOKKEE DUSINESS IN dona, as S L, BANK, e d last wor pation (mor	as SPINNER, A PER, etcA which tLK MILL, tc kad at	11, Total ti	ma (years) nt in this pation	Fall well derlocating 3/5/3
12. BIRTHPLACE (cit (State or coun		Balto.	Co.		Other Contributory Causes of Importance: [[] Ween of Brouch browning 3/20/32
置 13. NAME G	eorg	e C. En	sor		
13. NAME G		wn) Bal	to. Co.		Nama of operation Cedescless of should Oate of
15. MAIDEN NAI	ME RU		Ensor		23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAI 16. BIRTHPLACE (State or		wii)	to. Co.		Accident, suicide, or homicida? Accident. Data of injury 19 Where did injury occur? Verley Bally Comy
17_MFORMANT	rs. 4 Ch	Frances les thut	Clayto Ave.	n	(Specify city of town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	ion, or r	M.E.Cen	1. Date Mar.	27, 19 32	Manner of Injury Fell one hidder can
19. UNDERTAKER (Address)	7401	Belair	Road	fail	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	26,1	32 1	a tra	The Revisionar	(Signed) Willia heef.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of de of importance were as fol	eath and related causes lows:		The principal cause of death and related causes of importance were as follows:	
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR 2 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 2 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2001)
/ County Balto,	Registration Dist. No. 38
Village or City Parkville	No. Taylor & Chasturet avers Ward
Length of residence in city or town where deeth occurred yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Maoma Felt hous	ELL
(a) Residence: No. Tay lor + Christmet ave (Usual place of abode)	18t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willowsk	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced-HUSBAND of John Felthousen	22. I HEREBY CERTIFY. That I attended deceased from Feb 27 1932 to May 4 1932
6. DATE OF BIRTH (month, dey, and year) bow. 16 1875	I lest sew here elive on 4 , 19.3 % death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4Pm.
3 7 / 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, House Ewoff	Ceubeal Hemanhage 1/27/32
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceesed last worked at this occupation (month and	
1D. Date decessed last worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Balto (State or country) Ma	Dther Contributory Causes of importance: Sphausting 3/2/32
13. NAME Cludrew Watt 14. BIRTHPLACE (city or town) Balto	
(State of country)	Name of operation Dete of Whet test confirmed diegnosis? Qluneally Was there an au'opsy? Wo
15. MAIDEN NAME Carrie Brown	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carrie Brown 16. BIRTHPLACE (city or town) (Stete or country) 70	Accident, suicide, or homicide?
17. INFORMANT Le'lli'E Kinsley (Address) Curtis Bay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PRODUIDON Park Date Mar 7th, 19.3 2	Manner of injury
19. UNDERTAKER WM Cook (Address) 12/7 St Paul St	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED 3/6 , 1932 Q- M. Boen Registrar.	Massigned) Left Lawy M. D. M. D. M. D.
If more blanks are needed address State Registrate	246 N. Charles Street Baltimore Providence 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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(Address) 20. FILED MCL 20

OCCUPA-

of infor-

1. PLACE OF DEATH County Village or City near Owing Mills Length of residence in city or town where death occurred 15 yrs. 2 me	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Our 195 Mulls (Usual place of abode)	St., Ward. If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temple White Temple	21. DATE OF DEATH March 19 - 1932 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS then	1 HEREBY CERTIFY, That I attended deceased from 1932, to 74 4 19 1932 I lest saw h. Lr. alive on March 19 , 1932; death is said to have occurred on the date steted above, at 5 P. m.
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	were es follows: Data of onset Cerlbrae Removidage 3/17/32
12. BIRTHPLACE (city or town) Sikens Jown (State or country) Suifshing & Pa. 13. NAME few Helliam V. Feltwell 14. BIRTHPLACE (city or town) Moderate (State or country) alleghang Co Va.	Neme of operetion Dete of What test confirmed diegnosis? Clurical Was there an eutopsy? No
15. MAIDEN NAME Eliza Pearson 16. BIRTHPLACE (city or town) alleghany Cety (State or country) 17. INFORMANT Hall Harrison (Address) Owners Mills Ind.	23. If deeth was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Pieco (estimuiste lega Date man 121, 1932	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

24. Wes disease or injury in any wey related to occupetion of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month)(Day) HEREBY CERTIFY, That / attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at J. 25 am If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 1D NAME OF *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs.....ds. (State or Country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence DATE OF BURIAL ADDRESS 2D UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the r," etc., Foreman, (b) Automobile foctory. The materia For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Form loborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (o) Solesman. without more precise specification as Day For persons who have no occupation (6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection move (disease important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage," Chronic valvulor heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY.

AGE should be

be carefully supplied.

mation shound

B.—WRITE

V. S. No. 1

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

(Address)

Exact statement of OCCUPA. PHYSICIANS should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02504
1. PLACE OF DEATH	11
County Battymore.	30
6 at And A - 1 VO	Registration Dist. No.
Village or City Out Villag	No. The St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles N. C. T.	ard
(a) Residence: No. 4 Usbowle And (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH M
Male White ORD VORCED (write the world)	11ann 28 1982
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of TO A 10 10 9 That A	22. I HEREBY CERTIFY, That I attended deceesed from
My sales	3-16-,1932, to 3-28,1932
6. DATE OF BIRTH (month, day, and year) // Co. 26 -1863	I last saw h_h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
69 0 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Manuclitto. 2-10-31
9. Industry or business in which work was done, as SILK MILL,	N. Acs Centir
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
Balto	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Joseph Raus face
II 13. NAME LUKYOUN	Milliocal delibellery
E IS. HAME	
4 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diegnosis? & Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT MS. Dlorgia 7. Foard (Address) 401 150 me	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL)	Manner of Injury
Piace and on the Date Mar 301937	Manner of injury
12 0 1 0	Nature of injury
19. UNOERTAKERS	24. Was disease or injury in any way related to occupation of deceased?

If most blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1-1-11	Other contributory causes of importance:	- (*)
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state

OCCUPA-

of

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

V. S. No. 1

See instructions on back of certificate.

TION is very important.

IS A PERMANENT RECORD. Every item of infor-WITH UNFADING INK-THIS

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(Ri)
County Baltinge	Registration Dist. No. 43
Village or City Taplar	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Simon Operster	
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the wird) NOR DIVORCED (write the wird)	21. DATE OF DEATH (Masky) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Mary Oforster	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 274 1864	I last saw h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
67 3 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Suiside
9. Industry or business in which	ly showting musel
kind of work done, as SPINNER, farmer 9. Industry or business in which work wes done, as SILK MILL Petured 10. Oate deceased last worked et 11. Total time (years)	with a robolour !
O this occupation (month end spant in this	Death instent
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	nervisues
1 1 1000	-> = :
REDE	New of a salin
(State or country)	Name of operetion
15. MAIOEN NAME Vakround	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 2	Accident, suicide, or homicide? Succedenate of injury 3 - 29, 1932
(State or country) Sungary	Where did injury occur? Paplar, Bultotua
17. INFORMANT Mary Forsters	Specify city or town, county and State's Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Manney (Pun) 18. BURIAL, CREMATION OB REMOVAL	In woods at ropler
Place From Luth. an. Date Mary 9, 1932	Manner of injury DHOT we head
	Nature of Injury 4 works
19. UNDERTAKER Treduch Jacahul (Addiess) 7401 Belain Poll	24. Was disease or injury in any way related to occupation of deceesed?
1-10- 22 5 1 Lit m Q	(Signed) Ed & Herrmann Cor M.D.
20. FILEO D. J. 9. Solve JO. M. T. M. J. Registrar.	(Address) Slenmers Rue Sud

02505

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SFAUE FUR	PURIMEN	DIVITION	27 1	T THE POPULATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02506
1. PLACE OF DEATH	108
County Baltonne	Registration Dist. No.
Village or City Boutley Springs	St., Wa
Length of residence in city or town where death occurred 3 yrs	f death occurred in a hospital or iastitution, give its NAME instead of street and number) s. ds. How long In U. S. if of foreign birth?
2. FULL NAME Edward Thomas	Hounds
(a) Residence: No. Bentley Springs	St., Ward.
(Usval place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WHE of	22. I HEREBY CERTIFY. That I attended deceased from 1932 to The 17 1934
6. DATE OF BIRTH (month, day, and year) Pray 3, 185-8	I last saw harman alive on Man 17 192, death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 5. P.m.
73 10 14 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Labor Juliunous 3/14
3. Industry or business in which work was done, as SILK MILL, Stone has a SOLK MILL, Stone has a solution of the saw MILL, BANK, etc.	(Lifetbral)
10. Date deceased last worked at this occupation (month and 19) spent in this	
year) Cocupation (month and line 1929 occupation 304	Other Ceatribatory Caases of importance:
(State or country)	
13. NAME lenkmown	*
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Controvo	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charge W. Frankler (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cigus Ceruly Date Mer. 20, 1930	Nature of injury
19. UNDERTAKER P. mahaling for	24. Was disease or injury in any way related to occupation of deceased?
(Address) White Hall ma	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Į	Example I		Example II	
The principal cause of death and related causes. Date of onset of importance were as follows:		The principal cause of death and related causes Date of of importance were as follows:		
Arteriosclerosis	ADD 5 1099	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis		1021	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WITH UNFADING INK--THIS IS A PERM RLAINL

MARGIN RESERVED FOR BINDING

S. No. 1

1 / 1	04007
PLACE OF DEATH	STATE OF MARYLAND
County Ballimere	CERTIFICATE OF DEATH
0-10 0	Registration Dist. No. 30
Village or City Gentley MNo.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME MAIN CIMA TO	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple Whit SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MARCH 5 , 1932
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Sept 25 1866	Jet 29 1932. to Mer 5 , 1932
(Month) (Day) (Year)	that I last saw her alive on Plan 5, 1952
7 AGE [If LESS than	and that death occurred on the date stated above, at 9 45 Am.
65 yrs. 5 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or stouse wife	Johan Premiorea
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mgs das
9 BIRTHPLACE (State or country) Harford Co md	Contributory Secondary (Duration) Secondary (Duration) Secondary
10 NAME OF	(Signed) And Others M. D.
FATHER? - Kenner	May 5 1852 (Address) Threwslury /6
OF FATHER Z (State or country)	*State the Discose Causing Donth or in deaths from
12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NOT KNOW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Edward Founds	Former or usual residence.
(Address) Parkton und	Date of Burial Or MENOVAL DATE OF BURIAL WARDER, 1932
15 Filed My 7th 1982 M, Bortus Mil	Muly merhine Da Warfe Hall
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, engineer, For many occupations a single word or term on without more precise specification as Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthetia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on totanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Always qualify all

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

See instructions on back of certificate.

TION is very important.

N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 02508
1. PLACE OF DEATH	11-0
County Collo	Registration Dist. No.
Village or City Pehisville	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Grouge H. Fox	
(a) Residence: No. 12 Hawlehom and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DOVORCED (write the word)	21. DATE OF DEATH mela 85 , 193 2
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Susaw 6. Fat	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 4 1854	I last saw h 2 alive on 2 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 2 m.
77 6 4 I day,hrs.	ware as follows.
8. Trada, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which	Trop Literal
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Long State portralic Proservous mala
10. Date deceased last worked at this occupation (month and spant in this	1.1952
year) occupation occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Balto Go (State or country)	
13. NAME Deorge Il, Fot	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country) 6 Mg Clord	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto Co. (State or country)	Accident, suicide, or homicide? Date of injury, [9,
17. INFORMANT Mrs Brochel 9. Wentz (Address) Owners Mile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Strucky Cen Data March 11, 1952	Manner of Injury
19. UNDERTAKER J. F. Sline + Sans (Address) Ristingtonn Mrd	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Man. 9, 1932 La le la Hichorse Registrar.	(Signed) Dr. M. D. M. D. (Address) Bass less lower med M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	250310	1915	Attack of epilepsy 1		
Chronic interstitiat ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 2 1002	July 5,1927	Peritonitis	3 days ago	
	BURBAU V.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PHYSICIANS should state of OCCUPA. of infor-A PERMANENT RECORD, Every item Exact statement EXACTLY. properly classified. certificate. stated IS WITH UNFADING INK-THIS it may plnods See instructions on back CAUSE OF DEATH in plain terms, so that mation should be carefully supplied. TION is very important. B.—WRITE PL 19. UNDERTAKER (Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 62509
1. PLACE OF DEATH	- (A)
County Baltimore	Registration Dist. No. 3
Village or City Idlewyldl	No. 6502 maplemed Ped St. Ward
(If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	
2. FULL NAME Clinton Milebell	Tridruck
(a) Residence: No. 6502 In applicate Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) That	Found (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of Manne Frederich	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month, day, end year) Sept 27 1897	I last saw h alive on
AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
34 5 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Alleide
SAWYER, BOOKKEEPER, etc	Sun slight wound in left
work was done, as SILK MILL, function in Count Have	side of veast
10. Date deceased last worked at this occupation (month and the 193 spant in this year)	<i></i>
2. BIRTHPLACE (city or town) Parkton (State or country) Balloca Inc.	Other Coutributory Causes of Importance:
13. NAME Charles in Frederick.	
14, BIRTHPLACE (city or town) Parketon (State or country) Backeton	Name of operation Date of
15. MAIDEN NAME Min B. Correspondence	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Parketer	23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Back Co	Where did injury occur?
7. INFORMANT In moins Prederich (Address) While Health	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) White the second of	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury

If so, specify (Signed)

24. Wes diseese or Injury In any way related to occupation of deceased?

(Address) Jou

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	.1921	Run over by street cor	1 week ogo	
Cercbrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Les ormande				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones GT GT 21	Moy 1,1923	Gastroenteritis	1 year	
GRANGONA				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.-WRITE PLAINLY,

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	0251

1. PLACE OF DEATH	
County Balto.	Registration Dist. No. 32
Village or City Pikes ulle.	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth?
	IS
2. FULL NAME Gustar Fredricks	
(a) Residence: No. 40 3 Resolution Rd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia holf Fredrick	22. I HEREBY CERTIFY. That I attended deceased from mark 2 5 1932 to hark 3 1 1932
6. DATE OF BIRTH (month, day, and year) august 24 184	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
82 7 7 1 day,hrs	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Coed 3/25
SAWYER, BOOKKEEPER, etc.	aut burches . 3/28
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tarvil Brutopourma 3/29
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
Carrie Cuntria.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Randing
II 13. NAME marcus Fulnich	- Company of the comp
14. BIRTHPLACE (city or town) Prague. austria	Name of operation Date of
(State or country)	What test confirmed diagnosis? 1.2
15. MAIDEN NAME LANDON	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mastria (State or country)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Huldet & Payant (Address) Belto Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pare While 4 -, 193	Manner of injury
De Mela than	24. Was disease or injury in any way related to occupation of deceased? Ro
19. UNDERTAKER 120. MUNICIPALITY OF CANADA TO COMPANY OF COMPANY O	If so, specify
11.0. 23 9 664.01	(Signed) Vala + Challan M. D.
20. FILED H. JOHN 19.32 Registrar.	(Address) Pikes nlle. Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
201211178			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			A Company of the Comp

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AUUITIONAL	SPACE FUI	& FURTHER	STATEMENTS	BY	PHISICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
(R. 10.	Registration Dist. No. 30
Village or City(No	St.: Ward) (If death occurred a hospital or instit
11 11. 0	tion, give its NAME i
2FULL NAME John Henry	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCEMENT	16 DATE OF DEATH Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased fro
1ebx. 14 1857	1 19272 to 1 auch 1927
(Month) (Day) (Year)	that I last saw h Lalive on March 6, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
74 5 7/ I day hrs.	
// yrs. 0 mos. // ds. or min.?	A formal of the second of the
occupation (a) Trade, profession or	Meno - / deferons
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yra, mgg
which employed or (employer)	Contributory Monchy putting
9 BIRTHPLACE (State or country)	Secondary
I ary taring	(Ouration) Syrs mos.
10 NAME OF FATHER	(Signed) M.
11 BIRTHPLACE	Mac. 8 1923 (Address) Illusty. Mr.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDENNAMED OLD	
of Mother Pachel Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Mary land	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Molicia	Former or usual desirence.
(Informant) / WWW) neg	TA BLASE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Olla Mid. X	(ley Man 9, 19
4/11/	20 UNDERTAKER ALLORESS AL
Filed 3/ G 192 Reputrar	+ / Las las las tolong
	at 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more bianks are needle and feet stary Registra	ar 10 W. Saratoga St., Daito, Requesting 4. 5,

625.11

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compasitor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer ar Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nanc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, ar At home. Care should be taken definite salary), may be entered as Hauscwife, Househousehold only (not paid Housekeepers who receive a en at liome, who are engaged in the duties of the Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 10 yrs). Farm laborer, Laborer-Caal mine, etc. Wom-(b) Cattan mill; (a) Salesman. (b) Gracery; man, (b) Autamobile factory. The material At Hame, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the incease of Learn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphald fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilanaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculasis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whoaping American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Never report more symptoms or terminal condicough; Chronic etc. valvular hourt disease; The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BIND

FOR

RESERVED

MARGIN

S. No. 1

	PLACE OF DEATH County Baltimore 93-	STATE OF MARYLAND CERTIFICATE OF DEATH
1	11 : 20	Registration Dist. No. 3
	Village or City Woodlawy (No Hounto	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME Change Freb	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 27, 1932. (Month) (Day) (Year)
	6 DATE OF BIRTH March 27, 1866 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1932 to March 27, 1923 that I last saw ben alive on March 26, 1933
	7 AGE 66 yrs. mos. ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 13.0 m. The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	Chronic Myocardial
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs rnos ds.
	9 BIRTHPLACE (State or country) . Bohama	Secondary (Duration) yrsmosds.
	10 NAME OF FATHER Joseph Jelinek	(Signed) M. D. Manda 27,1987 (Address) Like Baura Md.
	OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
	of MOTHER Praversea Mach	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mus. Beatrix Roubis	usual residence
	15 Filed Nacy 204 1982 M. A. Buffert	20 UN DERTAKER ADDRESS Whom h Com a holom 1911 Callow do
	If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, laborer, er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 10 Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The material Grocery. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M		HYSI-
BINDING	PER NENT RECORD	TO LOUIS HOW TO BE ACTLY DHYSI-
100	4	L.

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UNFADING INK

RESERVED

MARGIN

hely classified. Exact PLACE OF DEATH PERSONAL AND STATISTICAL 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWEDING OR DIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) Ilf LESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. term B OCCUPATION (a) Trade, profession of particular kind of work 110 lain t. Se (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondery DEAT (State or country 10 NAME OF 0 *State the Disease Causing Death, or, in Violent Causs, state (1) Means of Injury and Accidental, Suicidal or Homicidal. FNA CAUS (State or country 12 MAIDEN NAME œ 4 ients or Recent Residents) state Occu 13 BIRTHPLACE At place OF MOTHER of death. (State or country) Where was disease contracted, should if not at place of death? KNOWLEDGE of statement usual residence ... (Informant S EVERY 20 UNDERTAKER 15 If more blanke are needed, addrosa State Registrar, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give Its NAME in-stend of street and number.)

MEDICAL CERTIFICATE OF DEATH

and that death occured on the date stated above.

deaths from and (2) whether

18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans-

In the State yrsmos.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, report specifically the occupations of persons ento know (a) the kind of work and also (b) the engineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Enamples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Broncho:pneumonia ("Pneumonia,

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse, interstitial nephritis, " "Coma," "Convulsions, etc. The contributory valeular heart disease;

permanently filed. answeded in detail, it will prevent further correspondence. A lthe If this certificate is looked over thoroughly and all questions

V. S. No. 1

1. PLACE OF DEATHL

Langth of rasidence In city or town where death occurred. 1 hiner

Kead

County

2. FULL NAME

Village or City

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mark Like Market S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Rock (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of JESHE MULLIAM Fulfor 6. DATE OF BIRTH (month, day, and year) July 31 st /876 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Affect Execution SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Drug Mean facture 10. Data decaasad last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	22. JI HEREBY CERTIEY. That I attended deceased from The result of the control
12. BIRTHPLACE (city or town) (State or country) ### 13. NAME Jewes Hedleston Falton 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Home lagrae Russell 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Darro Heller (Address) (Address)	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury, 19. Where dld injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAD Place Marial Date Marial 1932, 19. UNDERTAKER LOW Gook	Mannar of Injury
20. FILED Meh 21, 193 Mu B Gyeller Registrar.	(Signed) M. Datney M. D (Address) Runton Ind.

If more blanks are needed, State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

How long in U.S. if of foreign birth?______ yrs._____mos._____ds.

No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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14

RECORD

MARGIN RESERVED FOR BINDING

WITH UNFADING INK---THIS IS A PERM

WRITE PLAINL

STATE OF MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
	County Balteries	CERTIFICATE OF DEATH
	CountyValler	Registration Dist. No.
	0 -	
	Village or City Transfe (No	St.: Ward) (if death occurred im
0	0 , , = 11	tion, give its NAME in- stend of street and
2	2FULL NAME Jufauf Ja	(UL)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1000	WIDOWED Jungle	11100 13, 1952
-	(Write the word)	(Month) (Day) (Year)
е	DATE OF BIRTH	Mar, 14 1032 10 Mar 15, 123 4
	May 14, 1932	that I last saw haralive on Mar 15 , 193 2
	(Month) (Day) (Year)	12
7	7 AGE [If LESS than	and that death occured on the date stated above, at
	l dayhrs.	The CAUSE OF DEATH * was as follows:
1	yrsds. ormin.}	Polart I
1	a) Trade, profession or	Jacan Joranne Janes
1	particular kind of work (b) General nature of industry	
Y.	business, or establishment in	(Duration) yrs mee de,
	which employed or (employer)	Contributory
1	9 BIRTHPLACE (State or country)	Secondary (Aura) / was man de
1.	1 10 NAME OF	(Aburation)
E	FATHER	(Signed) M. D.
	11 BIRTHPLACE	Man 16 1902 (Addres Landalle to war
ŀ	OF FATHER Z (State or country) Manueland	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
1	TI 12 MAIDEN NAME	
	of Mother Mand James	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or country)	Where were disease contracted.
F	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	- The 1 (10)	Former or usual residence
	(Informant) and Sauces	A POACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Moodelock Mg	Cherry Hill Ceruelery Mar 16 "32
	15 Mr. 1 119 ,32 Mh. Par Street	DOUNDERTAKER O N ADDRESS
	Filed May 192	11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1
- 11	, vegiscra	Original St. Town 12 17 0 5 11.
	If more branke are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Accer return 'Laborer,'" (Foreman," (Manager," 'Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an sury to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationory freman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g.. Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescruation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The material Architect, Salesman, (b) Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meninalis"; Dipluheria (avoid use of "Croup"); Typhoid fever report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PJLRPERAL scrittcuentia," "UERFERAL peritoritis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death, 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant meoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" Whooping cough; Chronic Chronic interstitud nephritis, approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDA., State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: A coidental drowning; Struck by roilway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic etc. The contributory raludar Nomenclature heart disease;

If this certificate is I oked over thoroughly and all questions wared in detail, it will prevent further correspondence. . the data is essential and must be obtained before the cartificate is permanently filed.

eumonia ("Pneumonia,"

No Hotology

No Hotology

V. S. No. 1

tate PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH U2516
ould stat	1. PLACE OF DEATH	Illia 31
should f OCC	County Dallmore	Registration Dist. No.
sh	Village or City Kandallstown 1. 0.	No. Unga bung St., Ward death occurred in a horpital or institution give its NAME instead of street and number)
NS T	Length of residence in city or town where death occurred 3 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
SICIANS	2. FULL NAME Tareis Elizabeth /	Yiss.
SIC	(a) Residence: No. other alegsburg Them	St. Ward.
PHYSICIANS of statement	(Usua/place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
LY. E	Famale White OR DIVORCED (grise the word)	21. DATE OF DEATH Mar. 24, 1932. (Month) (Day) (Year)
X A C T	5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceased from
	6. DATE OF BIRTH (month, day, and year) February 13, 1844	I last saw h 12 alive on March 27, 192 death is said
stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \mathcal{R} \mathcal{A} m.
ropo	88 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	2 Trade profession or particular	Date of onset
be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Vrother left Jenur Mess:
should it may n back	9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
sh it	10. Date deceased tast worked at 11. Total time (years)	
	this occupation (month and spent in this occupation occupation	
AGE so that ctions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
	(Stata or country) Paxony Dumany	
supplied n terms, ee instr	13. NAME Christian Garers	
efully supplied in plain terms, ant. See instru	13. NAME Christian Varies 14. BIRTHPLACE (city or town)	Name of operation
efully in plai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
in	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) filt in also the following:
should be careful OF DEATH in I	16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? [Date of injury]
be EA'	(Coale of Cooling)	Where did injury occur (M) (Specify city or town, county and State)
hould OF D	17. INFORMANT C. All Aller Camp. (Address) Guardina Manne	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury hall
<u>Ω</u> • ≃	Place Balling helinily Date 3/26- 19	Nature of injury Deather Thick
mation s CAUSE TION is	19, UNDERTAKER LOUIS Tolemany	24. Was disease or Injury in any way related to occupation of deceased?
HOH	(Address) 32 J. Bloadway Balling	If so, specify
	20. FILED 3/257 302 m h. Bussey	(Signed) Le ow Hem mete M.D.
(T)	Registrar.	(Address) 2002 Garnson Beng
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	4	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURZAU V.S.			1134
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

PHYSICIANS

stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

d be carefully supplied. AGE should be

mation shou

Exact statement of OCCUPA-

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDIN MARGIN RESERVED

V. S. No. 1
N. B.—WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 0251

County Baltimore			- 1
			Registration Dist. No. 40
Village or City Nhite Mar Length of residence in city or town where dea		(If	No. Red Line Road St., War death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME Gertrude	L. Georg	e	
(a) Residence: No. White			St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE STREET	or divorced (w Widow ed		21. DATE OF DEATH March 14, (Oav) (Year) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John S. Ge	orge		22. I HEREBY CERTIFY, That I ettended deceased fro
7. AGE Years Months 81 6		1850 If LESS than day,hrs.	to have occurred on the date stated ebove, at 3:15 km. The PRINCIPAL CAUSE OF DEATH end related causes of importanco were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (this	Sorma, Stunulous
year) 12. BIRTHPLACE (city or town) Harfor (State or country) Md.	occupation	o n	Other Contributory Causes of Importance:
13. NAME Washington	Chenowet	h	
13. NAME Washington 14. BIRTHPLACE (city or town) Balto (State or country) Md.	. Co.		Name of operation
O 10. BIRTHPLACE (City of town)		e y	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place M. Jron lemete	_	7th, 32	Manner of injury
19. UNDERTAKER Frederick (Address) 7401 Belair	Road.	low	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SERVED FOR BIND'S	BINDAG	
INKTHIS IS A	INKTHIS IS A PERMANENT RECORD	
ly supplied. ACE	ly supplied. ACE should be stated EXACTLY, PHYSI-	

	02518
PLACE OF DEATH County Baline	STATE OF MARYLAND CERTIFICATE OF DEATH
County	29
Village or City Sparke (No	Registration Dist. No. St.: Ward) (If death occurred I a hospital or institution, give Its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Neale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , 1932 (Month) 28 (Dsy) 1932 (Year)
6 DATE OF BIRTH (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 37 yrs. 2 mos. 26 ds. or mi	an and that death occurred on the date stated above, at 3
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Palmla Start Disease (Duration) yrs. mos de
9 BIRTHPLACE (State or country) Remsylvania	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER FLOWERS M. Gibls	(Signed) 1 1 M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Of Corence Cakers 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(Informant) Mus Herlest O Gible	Former or usual residence
(Informant)	
(Address) Sparks Mil	Buller, Balts le, Mar. 30, 1932

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of mer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as propably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol interstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this dertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The same	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RPR 2 1932			1
Other contributory causes of importance:		Other contributory causes of importance:	F1 .81
Gallstones	May 1,1923	Gastroentcritis	1 year

WRITE

N. B.--

V. S. No. 1

		02520
PLACE OF DEATH		STATE OF MARYLAND
County Dallo.		CERTIFICATE OF DEATH
1 1 1 - 1		Registration Dist. No. 30
Village or City alonsville 2FULL NAME Senes	viewe Bas	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tamas Ali W	NGLE, ARRIED Lingle IDOWED. Vrite the word)	16 DATE OF DEATH 12 , 1923 2
6 DATE OF BIRTH		HEREBY CERTIFY, That I attended the deceased from
(Ilms -	20 ,8.14	Ward 10 1932 to march 12, 19232
(Month)	(Day) (Year)	that I last saw h M alive on March 12 19232,
7 AGE	[If LESS tha	n and that death occurred on the date stated above, at
77 18	2 / I day hr	
yrsmos.	ds. or min	2 m 1 P
(a) Trade, profession or	0000	Labor 1 (killin ones
particular kind of work		
(b) General nature of industry		3
business, or establishment in which employed or (employer)	conl	(Duration)yrs,mosOds.
9 BIRTHPLACE (State or country)	mass.	Contributory Secondary
1 10 NAME OF	20000	(Duration) Jrs, mosds,
FATHER Lames	Tolder	(Signed) Marsh (Address) Catousuelle Wed
OF FATHER	0	Coulty District Death on in deaths from
Z (State or country)	ylum	*State the Disease Causing Death, or, in deaths From Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME	018-1-	/18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a muumu	var soun	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	y Euma	At place of death yrs nios ds. State yrs mes.
14 THE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mar 11. 04	11 10 30	Former or
(Informant) . Leve, Il	Wer Goother	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 1/3 Mel	vin EW	Newsthedelley. Balls Man-15/, 103 &
15 Filed 3/14 1982	HOULE Registrar	Leval Monente Salto
If more blanks are need	ied, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enloborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material Oŗ. For many occupations a single word or term on Form loborer, Loborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal minc, etc. (6) Grocery. Wom-

Statement of Cause of Death—Name, first, the IIIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles inges, peritonacum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart "Dropsy, discose; not be

If this certificate is looked over thoroughly and a'l questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. properly classiff (If death occurred in hospital or institution, give its NAME Instend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, hay be MARRIED. WIDOWED OR DIVORCED (Day) (Month) (Write the word) CERTIFY. That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work a 0 (b) General nature of industry business, or establishment in which employed or (employer)...... Contributory. 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER 1925 2 (Address) SO.C. L. ... 11 BIRTHPLACE relatormation of state OAUSE ARENT OF FATHER *State the Disease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER of death yrs. . mos. should (State or country of Where was disease contracted, if not at place of death?. ent Former or usual residence. statem (3) 20世 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CIA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Ceusus and American Public Health Association.)

gaged in domestic stryice for wages to report specifically the occupation Housemeid, etc. If the occupation has been changed ployed, as At school or At home. 'as should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. empation is-very important, so that the relative healthwork. or il definite salarent may be entired a House the House household only (not paid Househoopers who receive a en at home, who are engaged in the duites of the laborer. Farm laborer, Laborer-Coal mine etc. er," etc. without more precise specification as worked on may form pair of the seem statement Spinner. (b) Cotton mill; (a) Salesman, (b) should be used only when needed. Civil engineer, Stationary fremen, etc. But Physician Compositor, Architect, Locomotive engineer, business that fact may be in lie ted that: Farme: state occupation of " wind a of the ... or given up an account of the professional can the Death, Never return "Laborer," "Foreunta," "Mant for" "Deal-(a) Foreman. (b) Intomobile factory. Whatever write None. fired 6 yes.). For persons who have no recupation Statement of Occupation Preci, statement of 00 For many occupations a single word or term on specially in industrial employments it is neces-Hone, and thinken, and gainfully cm-2 : Ser 'a 1t, Cook, of persons onff de ird from The material The ques-Grocery, Wom-Day 3.0

ed term for the same disease. Examples: Ca EASE CALL AS BEATH (the primary affection spinal meningitis" : Dip hth are facilities a fever (the only defin te syncaya i. to time and one atton), using always the Lobar pucumonia, Brown pucumonia Typhoid fever (never mort . Typh.id Staven in f Couse of Death Name, fi Port Woinas Se Lecept-E 019

> unqualified. is indefinite); Tuberculosis of lungs, men-"Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Ohronic interstitiel nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained "Traemia." "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," vulsions," head of "contributory." quences (e. g., sepsis, telanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of as probably such, if impossible to determine definitely "Puerperal septicaenta." "Puerperal peritonitis," etc. Whooping cough; ment of cause of death approved by Committee on Examples: Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railway as the cause. Chronic valvular heart discase; (Recommendations on state-Example: Meastes Always qualify all The contributory head "Coma," -homicide; (disease (second-(merely "Con-

ence. All the data is essential and must be obtained before the certificate is normanently filed. If this cortificate is looked over thoroughly and all quesdetail, it will prevent further correspond-

REAU V.

22

PHYSI-

	PLACE OF DEATH County Ballowere	
	lage or City Lithewille (No.	
V 11.	2FULL NAME Quinie R. Greb	2
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
6 0	ATE OF BIRTH	1
1	(Month) (Day), 1840 (Year)	th
7 A		a:
(b)	a) Trade, profession or Of House articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
9 B	(State or country) Balkiever City	
	Corectain Prous	(S
NTS	OF FATHER (State or country)	
PARE	OF MOTHER Jarale Jane Hatters	18
	OF MOTHER (State or Country) Way land	A of W
14 7	THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	ıl Fe
	(Informant) Harry Greb	15
	(Address) Lutter ville such	4
15	Filed March 1932 BB Benefor	2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

DATE OF BURIAL

Cyarl. 6, 1982

ADDRESS

ousers.

St.:	Ward)	(If death a hospital tion, give it stead of number.)	S NAME in
MEDICAL CERTIF	FICATE O	F DEATH	
6 DATE OF DEATH MANG	·	, جي	1925 7
HEREBY CERTIFY,	That I atte		ceased from
hat I last saw heqalive on	mas	. J.	19257
he CAUSE OF DEATH * yas as	follows)	eum	~
4 Dilatas	ring	7734	751
(Dur	ation)	yrsm	0s.[/de
Contributory Secondary	··· · · · · · · · · · · · · · · · · ·	160 o o a p na que a a a e v en o 40 m o 91	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sign d) J. F. Su. Mar. 5 197 (Address)	100	er ar	M. D.
*State the Disease Csusin Violent Causes, state (1) Me Accidental, Suicidal or Homicidal.	ng Veath,	or, in dea ary and (2)	ths from Whether
B LINGTH OF RESIDENCE (Fients or Recent Residents)	or liespits	ds, Instituti	ions, lrani
of place f deathyrsmosds. Where was disease contracted, not at place of dea h?	In the State.	yra	.mosda
ormer or			

OF BURIAL OR REMOVAL

If more banks are needed, addre.s Ltate Negistrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrai

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The materia Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "(E:haustion," "Heart failure," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIARS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING
NEADING INK-THIS IS A PERMINENT RECORD NFADING INK--THIS IS A PERI

MA	WITH UI	un should
		N. B Every Item of Information should
	WRITE PLANT	y Item o
No. No.		BEver
>		ż

10 0

PLACE OF DEATH County Balto	STATE OF MARYLAND 79 CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Stansons & + (No. Dayl	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jaw 15 189	9 lec 16 193 f. to mar., 1932
(Month) (Day) (Year	that I last saw h / W alive on Jun 10 , 192
7 AGE 53 .yrs. 2 mos. 8 ds. or mi	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Tousokial Pauloun	Anasarca (Duration) yre rpos de
9 BIRTHPLACE (State or country) Bulto . ned .	Contributory Secondary (Duretton) Secondary (Duretton) Secondary Secondary (Duretton) Secondary Secondary (Duretton) Secondary Secon
10 NAME OF FATHER Andrew Gunner.	(Signed) M. M. D. May 23 1932 (Address) Sharrows Pourt)
of Father Garaia, Germany (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER anna Rosenmeller.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Bararia Germany	ients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) mis. Hagner	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6.122lo. St.	Holy redeemer 3/24/, 1952
Filed 3/24 1932 Henry Connella Registra	from S. Connelly Star
If more b.anks are needed, addre.s Ltate Kegis	trar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to cich and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data as essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MAR	YLAND—CERTIFICATE OF DEATH 62524
1. PLACE OF DEATH	93-0
County Dalto	Registration Dist. No. 30
Village or City / Dwson	No. 9 The Ward . St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Quine Har	uiltong D.
(a) Residence: No. 606 13 ros Ru	vood Rost, Hinghay Migh
(Usual place	
PERSONAL AND STATISTICAL PARTI	RRIED, WIDOWED, 21. DATE OF DEATH
terrale White ONDIVORCE	ED (write the word) Way 24 1993 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11.W	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 130 mm.
70	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, China I	Veryle Duration: some to ane.
9. Industry or business in which work was done, as SILK MILL, Hocks SAW MILL, BANK, etc.	la Pol X
10. Date deceased last worked et 4 Corest 11: Total t	time (years)
this occupation (month and tex. 153b spa	ent in this 32
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME ? Soundo	
14. BIRTHPLACE (city or town)	Name of operation Date of
(otate of country)	What test confirmed diagnosis? Was there an au'opsy?
E 15. MAIDEN NAME <	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
Millim P XVIII	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 606 STOOK around	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place Million Date Million Date Million	126., 1922 Nature of injury
19. UNDERTAKER WATCHER	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	a live If so, specify 1000
20. FILED March 24, 1932 VIT P. 1201	ther (Signed) W. P. Jullet Coroner M. D.
·	A Ols. Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSTGIANS should state of OCCUPA. RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING MARGIN RESERVED

certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

1. PLACE OF DEATH		44a)	
County Baltymore		Registration Dist. No.	
Village or City Storm	ere Jam	NDS NOT NOT St., death occurred in a hospitator institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where d	leath occurred levrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAMEORAME	Loretta Ha	mmond	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OFFRACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 3, 1932 (Month) (Day) (Yes	
5a. If married, widowed, or divorced HUSBAND of		<u> </u>	-
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased	フ from
A PATT OF BIRTH ()	of 5th 19.21	Wast saw has aliva on May 2 1932 death	is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5 a.m.	
4	28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	1 ormin.	wera as follows:	onset
kind of work dona, as SPINNER,		I wond o memoria	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
ID. Date deceased last worked at	11. Total tima (years)		
this occupation (month and year)	spant in this occupation		
Both	C	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Pand.	Chicken Pox	
1 / 2 /	Vammend		
E Print	de tour	Normal of according	
14. BIRTHPLACE (wity or town)	moulvanie	Nama of operation Date of Date	
15. MAIDEN NAME Service	B Warren	What test confirmed diagnosis?	
E DOD	millo	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (State or country)	7. /	Where did Injury occur?	~~~~
17. INFORMANT Supres 8.	Hammond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, DR-BEMOVAC	ers oum./no		
Place John Sutheran	invate Mapch 4.32	Manner of injury	
19. UNDERTAKER Fredorich	ssahmoson	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 740 / Belgy	n Road.	If so, specify A A A	
20. FILED Mon 3 1, 132 9 1	Actumica m D	(Signed) (Address) Baryons Form	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallslones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02526
1. PLACE OF DEATH	93-0
County Bally	Registration Dist. No. 35
Village or City + MCCON AND	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and oumber)
	death occurred the a hospitator institution, give its INAIVIE instead of street and outmoer/
	se.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 2/ 1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) MON13 1849	I last saw h war aliva on A 1932 daath is sald
7. AGE Yaars Months Days If LESS than	to hava occurrad on tha data statad abova, atm.
8-3 0 8 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic myocardely 2
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate daceased last worked at this occupation (month and spent in this occupation (month and year)	
12. BIRTHPLACE (city or town). MC	Other Contributory Causes of importance:
(State or country)	
13. NAME John Hare	
14. BIRTHPLACE (city or town)	Name of oparation Oata of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebec Hamphie	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicIda?
17. INFORMANT CAMPANA CAMPA	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR RENOVAL	Mannar of injury
Place 5 7 1 tell 0ata 25 1932	Nature of injury.
19. UNDERTAKER A 17 Bligman (Addrass) Mundully Mil	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED M/Ch 23 , 1932 Samuel S. Miller Registrar.	(Signed) R. D. M. D. (Address) Manchester M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be retirned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, havever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person had no occupation whatever write none.

S. V. C. V. Gally

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastrocnteritis	1 year

A V		

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

be Jo

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

certificate.

See instructions on back

TION is very important.

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1,5200

1. PLACE OF DEATH	
County Duellinon	Registration Dist. No.
Village or City Beskless svelle	No. St Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
le les is a sol	
2. FULL NAME George Slenwelle Ha	rmow.
(a) Residence: No. / Deffsley avilla, M.d. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whale Whale Whale Manuel	21. DATE OF DEATH (Month) (Day) (Year)
5a. if married, widowed, or divorced HUSBAND of	
(01) MITE OF Florence V. Harmon.	22. HEREBY CERTIFY. The lattended deceased from 1932, to Make 11. 1982
6. DATE OF BIRTH (month, day, and year) Exact withwarm	I last saw hum allva on mole. 10 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at 5.31.4.m.
64 8 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Blucksmille SAWYER, BOOKKEEPER, etc. Blucksmille	Crebral Citerio-Sclerosio Trellemine
9. Industry or business in which	
work was done, as SILK MILLY SW. North.	
- It spell till this /	
year) 1931 occupation 4 Syro	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Modellowing (Stata or couptry)	Orielval Steemorting: 8 da
	
14. BIRTHPLACE (city or town) bucknown.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Oeligrathe	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Louise Celigrathe 16. BIRTHPLACE (city or town) Neddleson	Accident, sulcide, or homicide?Date of injury19
E (State or country) Mangelland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tilliam M. Harmon (Address) Hands	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL REMATION, OR REMOVAL 3 - 13 33	Manner of Injury
Place Mary Utural Date O 1931	Nature of Injury
19. UNDERTAKER dw Ujipton	24. Was disease or injury In any way related to occupation of deceased? No.
(Address) Jerupstead ms	If so, specify
20. FILED 3-11 , 1932 & S. Forstk M. D. Registrar.	(Signed) Cagan M. D. (Address) Hampfale and M.D.
	//

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	Example I		Example II	7.5
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	Itritis ()	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5, 1927	Peritonitis	3 days ago
		- Carlo		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

20

Carret	ACE OF DEATH				OF MARYLAND
County	Baltimore			(%) CERTIFIC	ATE OF DEATH
1	Catonsville				tion Dist. No.
Village or	CityHarr	(No		ck Road & Paradise 4	(If death occurred a hospital or instition, give Its NAME stead of street a number.)
PER	SONAL AND STATIST	ICAL PARTICULA	RS	MEDICAL CERTIFICA	ATE OF DEATH
Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, Sil OR DIVORCED (Write the word)	ngle	16 DATE OF DEATH March 3.193 (Month)	52 , 192 (Year).
DATE OF	Nov.7.	1872	1	192to	naved 3 192
	(Moath)) (Day)	(Year)	that I last saw he me alive on Lin	him says2
7 AGE	59 yrs. 3	1 d	day hrs.	and that death occurred on the date The CAUSE OF DEATH * was as follo	
particular (b) Gener business, which em	e, profession or kind of work and nature of industry or establishment in aployed or (employer)	002-10-10-10-10-10-10-10-10-10-10-10-10-10-		(Duration) Contributory Cardial	hrombus
	Dan 2 0 2111				A some ours
10 NAM	AE OF	W. Harvey		(Signed) 4 (92) 2 (Address)	egile Saloueville
FATH OF F Z (Sta	HE OF HER James THPLACE TATHER ate or country) Balt	W. Harvey		Place 4 192 7 2 (Address)	Service
II BIRT OF F Z (Sta W 12 MAI V OF M	HE OF James THPLACE TATHER Rolt	imore Md.		(2, 1/6/)	Death, or, in deaths from of Injury and (2) Whether
S TIL BIRT OF F (Sta W OF M OF M OF M OF M OF M OF M OF M OF	HE OF James THPLACE ATHER Balt DEN NAME MOTHER Sarah THPLACE	imore Md.		*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death	Death, or, in deaths from of Injury and (2) Whether
FATH II BIRT OF F (Sta II BIRT OF F (Sta II BIRT OF F (Sta II BIRT OF M (Sta 4 THE ABC	HE OF HER James THPLACE ATHER ATHER ACTHER SARAH THPLACE ACTHER ACTHER Balt THPLACE ACTHER ACTHER BALT THPLACE ACTHER ACT	imore Md. Ellis timore Md.		*State the Discase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Tha
FATH II BIRT OF F (Sta II 2 MAI OF M II 3 BIRT OF M (Sta (Inform	HE OF James THPLACE ACTHER Balt DEN NAME MOTHER Sarah THPLACE MOTHER Acte or Country) Bal	imore Md. Ellis timore Md. rof MY KNOWLEDG	SE.	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.	Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, That

1 6.0 1363

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicism, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	60	1	17	11
0	4	1)	6)	U

1. PLACE OF DEATH	982)
County Ballo	Registration Dist. Np. 32
Village or City Pikisville	No. St Ward
(If Length of residence in city or town where death occurred 12 vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME MOZEA G Havin	now long in 0.5. If of foreign birth?yrsmosds.
(a) Residence: No. Reus lustour Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Co. Haven	22. I HEREBY CERTIFY, That I attended degeased from
6. DATE OF BIRTH (month, day, and year) Feb 26 1859	last saw h // alive on 3 - 9 - 1932; deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 Pm.
23 13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this correction (work) and	My ofarous Decomple an
9. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc.	191
ID. Date deceased last worked et this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Mur Hamphui (State or country),	Other Contributory Causes of importance; 3350000 (1000)
13. NAME Swoge, P Haven	-yss.
13. NAME GLOOGE DE LAVEN 14. BIRTHPLACE (city of town) M. 9	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy? 220
15. MAIDEN NAME Martha Jame Shuman	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Jame Shuman 16. BIRTHPLACE (city or town) Mun Hampshire	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT John C. Bernutt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place labury 6 em Date Much 12, 1932	Nature of Injury
19. UNDERTAKER I Floling & Sons (Address) Pustistan Md	24. Was disease or injury in any way related to occupation of deceased? 120
20. FILED Mas. 11 , 1932 Ma. E. E. Hichola Registras.	(Signed) M. D. (Address) Suntus How med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
0			

V. S. No. 1

70	ENT RECORD	
BINDIN	PERM	/
FOR	IS A	100
RGIN RESERVED FOR BINDING	FADING INKTHIS IS A PERM ENT RECORD	

PLACE OF DEATH	STATE OF MARYLAND
County Daltinore	CERTIFICATE OF DEATH
Village or City Dundalkeno. North P.	St: ward) a hospital or institu
2FULL NAME Willeans H.	Hogden tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Tworld WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 3 ^{TO} , 1932 Merch (Month) 3 ^{TO} (Day) (Year) ³
6 DATE OF BIRTH UNMOUN, 1	I HEREBY CERTIFY, That I attended the deceased from March 2 1937. to March 3 1983
(Month) (Day) (Year)	that I last saw hour alive on hearth 2 , 199.2
7 AGE If LESS than 1 day hrs. ds. or min.?	
8 OCCUPATION (a) Trade, profession or Puture	Cerebral Skurowhege
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos 2.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos.
10 NAME OF John F. Hayden	(Signed) A day Jod M. 192 (Address) of 6 16 Early and
OF FATHER (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Man Snellings	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs mos mos state yrs mos mos state yrs mos mos mos mos mos mos mos mos mos mo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mr. Charles Howell.	Former or usual residence
Address) North Pt. Road + Nouis Lane	Portemouth Va march 5, 193
Filed Marchy 183 John D. Connella Registra	20 UNDERTAKER ADDRESS ADDRESS BLUTTER
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servani, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laworer come many coner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. bysiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation to report specifically the occupations of (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, tion applies to each, and every person, irrespective of For many occupations a (h) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on not gainfully em-6 persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal facer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lande," "Old Age," "Shock," "Old Age," a definite disease stated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

"If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED FOR

S. No. 1

-		UCUU
	PLACE OF DEATH	STATE OF MARYLAND
	County Balte.	CERTIFICATE OF DEATH
1	County	Registration Dist. No. 3
	A. T. T	Registration Dist. No.
	Village or City LUQ Walnuy (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Mrs. Margar	tion give Ite NAME in-
	2FULL NAME // CAR. /// COLG COL	u // lugy · number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE S SINGLE.	16 DATE OF DEATH
	For al 416 1- WHOWED OR SLYORGED MAN	mde 29, 1925 2
1	(Write the word / Write	17 I HEREBY CERTIFY, That I attended the deceased from
	6 DATE OF BIRTH	neck 24 = 1922 2 to Track 25 19232
)	DCL. 8, 18/3	that I last saw have alive on Zeed 28 , 1923 C
	(Month) (Day) (Year)	and that death occured on the date stated above, at 4 0 m.
3	7 AGE IfLESS than	
	58 yrs. 5 mos. 2/ ds. or min.	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION A /	Beibetie Core
	(a) Trade, profession or particular kind of work	
	(b) General nature of industry	
3	business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
2	9 BIRTHPLACE	Contributory Prabala Brallaler
	(State or country) Mary Land.	(Duration) Z yrs mos ds
	10 NAME OF TATHER	(Signed) It vardeale
	villam develer	Treds 24 1982 (Address) Penstantine
	OF FATHER	
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homiddal.
	of Mother 19 / - 1 - 0	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
,	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER MA	At place of death yrs mos ds.
)	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	m All L	Former or
	(Informant) / bra, West Jugetter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 3703 24th E. Wrashurg ton	
	(Address)	Pleasant From Cem. Mar 3), 19 32
	15 Filed Mule 29 1975 Z Jonn South	Lum B
	Registraı	11 Berry may some recoursement

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public
Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Farmer or Planter, er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer fre or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day 6 Aulomobile Laborer-Coul mine, etc. Womfactory. The (b) Grocery; material

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stited unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal condiinges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Uracmia," "Weakness," etc., whon a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstit at nephritis, Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." earbolie acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train approved (Recommendations on statement of cause of American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory affection need not be valvular heart disease;

answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

REAU

02533

	92.0	
	Registration Dist. No. 30	
	No. St	_Ward
∠ (If	death occurred in a hospital or institution, give its NAME instead of street and number	r)
.yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
75ea	spa saxford County	us
Lospite de la code	a St., Ward. Caftonsulle M.	0
ILARS	MEDICAL CERTIFICATE OF DEATH	
D, WIDOWED,	21. DATE OF DEATH	
write the word)	Month) (Day) (Day)	2
	(wonth) (Day)	rear)
22	22. HEREBY CERTIFY, That I ettended deceas	sed from
~~		932
856	I last sew h alive on 90 5, 1982, deat	h is said
If LESS than day,hrs.	to have occurred on the date stated above, atm.	
rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonest
Therator		
(years) this on	Chr. Cuds Cardita - 5	mes
	Other Cantributory Causes of Importance:	
عد	astario Sclerasio 5	mo
	Name of operation Oete of	
	What test confirmed diagnosis? Was there an au'opsy	/?
as.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicida? Date of Injury, 1	9
	Where did injury occur?	
pa led	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
0 00	Manner of injury	
0,102	Nature of injury	
~	24. Was disease or injuryan any way related to occupation of decaased? 22.0	
1 -	If so, specify	~~~~~
B	(Address) Catonarile ma	M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
Signe Registrat,	agrant Courtes offeet, Dattmore, Requesting 'C. 3. IVO. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02534
County Balto,	Registration Dist. No. 44
Village or City Cossey	No. Mailyn ave . St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME anna B. Heroe	d
(a) Residence: No. marlyn are (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Levale 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND et (or) WIFE of Supply A. Wevold 6. DATE OF BIRTH (month, day, and yeer) March 6, 18 J 7 7. ACE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	1 HEREBY CERTIFY, That I attended deceased from 1931, to March 20, 1931. I last saw her alive on 200, 1932, death is said to have occurred on the date stated above, at 4 Prim. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 1931 Date of onset 1931
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Zinkmin	
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Clumes fruitely as there an autopsy?
15. MAIDEN NAME . Zinkerring	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Territory	Accident, sulcide, or homicide?
17. INFORMANT Florence Ce. Malea (Address) markyn av.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 Date 3/2 3, 1932	Nature of injury
19. UNDERTAKER Amy J. Connelly (Address)	24. Was disease or injury in any way related to occupation of deceased? Who is a specify the second of the second

(Address) _____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1012
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



BINDI

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH

County B!	altimore	a a ande ova 64 arcanda		(31)	CERT!FICATE	11 -
	ull NAME	Mary Louise		ge Ave.	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULAR	S	MEDIC	CAL CERTIFICATE	OF DEATH
Pemale		SSINGLE, MARRIED, WIDOWCE TTI OR DIVORCE TTI (Write the word)	887	17 I HEREB	(Month) Y CERTIFY, That I att	4
7 AGE	(Month	(Day)	ESS than	that I last saw h		1 above, at 5 A m,
(b) General business, or	profession or sind of work nature of industry restablishment in loyed or (employer)			Contributory Secondary	(Duration) (Duration)	vis mos 3 kg teasie Xephit
1.1	John D. PLACE THER or country) Baltin	Bunch		(Signed)	A. Alexandrian A. (Address)	Hayer Rd.
12 MAID OF MO 13 BIRTH OF MC	HPLACE OTHER or Country) Balti	morem Md.		18 LENGTH OF R ients or Recent I At place of deathyrs	ESIDENCE (For Hospi Residents) In the	tals, Institutions, Trans teyrsmosds
(Informa	e is true to the bes ant) William P.	Heuer		Former or usual residence	AL OR REMOVAL	DATE OF BURIAL
	128 19132	S. a. Fut no	LD	20 UNDERTAKER	then 17	J Haronda
	If more bianks are	needed, address State	Registrar,	16 W. Saratoga St.	, Balto., Requesting V.	S. No. 1.

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STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Hausewife*, *House*er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nane. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At sehaal, or At home. Cure should be taken labarer, Farm laborer, Laborer—Caut mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Campasitar, Architect, Lacomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer ar Planter, or At Hame, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Autamobile factory. The (b) material Gracery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchopneumania ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-hamicide; Poisoned by or as prabably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Branehopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sareama, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. can be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis af lungs, men-Examples: Aecidental drawning; Struck by railway train-(secondary Whooping cough; ved Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on or intercurrent) affection need ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronie etc. The contributory valvular Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

permanently filed

MARGIN RESERVED FOR BINDING

V. S. No. 1 .

1. PLACE OF DEATH		159	7 2
County / Oul	/www.	Registration Dist. No.	3—
Village or City / This / Ers/	own	No. (If death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of residence in city or town where de	eath occurredyrs,	os. ds. How long In U.S. if of foreign birth?yrs.	
2. FULL NAME	what How-are		
(a) Residence: No.		St. Ward.	
(a) headened. Ho.	(Usual place of abode)	If nonresident give city of	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF D	EATH
nale Colored	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Mach 3/1 (Month) (Day	, 193 <u>2</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That	
(or) wife or		/March 3/1 1932, to March	
5. DATE OF BIRTH (month, day, and year)			., 19-3 = ; death is sai
7. AGE Years Months	Days If LESS than 1 day, 6 h	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Imporwere as follows:	rtance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lash		
SAWYER, BOOKKEEPER, etc		/ ne maline Touth	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		(Lund Sin homes)	
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) 2916 (State or country)	Come	Other Contributory Causes of Importance:	
13. NAME LOTENZO Afou	-and		
13. NAME & Or Engl Af one 14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of country)	Madden	What test confirmed diagnosis? Wa	
15. MAIOEN NAME War/Key	jaaran	23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide?	
15. MAIOEN NAME Nathy Madden 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIOEN NAME Nathy Madden (Address) 18. MAIOEN NAME Nathy Madden (Address) 18. MAIOEN NAME Nathy Madden (Address)		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
19. UNDERTAKER Lovenzo Howa (Address)	nd (Hather) of the	24. Was disease or injury in eny way related to occupation of de	ceased?
20. FILED afor. 1 1932 7	torreade	(Signed) Chu H, Drach	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0253
	County Daltmore	Registration Dist. No.
	Village or city Batonarllo Abrus	endrove State Hospital
	Length of residence in city or town where death occurred 16 yrs 9 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos.
2	FULL NAME Margareh Stein	
	(a) Residence: No. Afreng Gove Hos (Usual place of abode)	pailed Ward. Batonsulle Me If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	OR DIVORCED (write the word)	21. DATE OF DEATH Quark 8 ", 193 2 (Month) (Day) (Yac
5a.	If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. 2 I HEREBY CERTIFX. That I attended deceased
-	John John O	May 22 , 19/5, to Meh 8, 19.
	DATE OF BIRTH (month, day, and yeer) / arch 5 1849	I last saw he aliva on Meh 8 1972 death i
7. A	IGE Years Months Days /If LESS then 1 day,hrs.	to have occurred on the date stated ebove, at
-	0 0 1 0 ormin.	wera as follows:
2	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	
CCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	Chr. Inter Rephritis 27
200	10. Deta deceased last worked at this occupation (month and yaar) 11. Total tima (years) spant in this occupation	
12.	BIRTHPLACE (city or town) Palture	Dther Contributory Causes of importance:
	(State or country)	asterio Schrosio 51
H H	13. NAME George Smith	
L A	14. BIRTHPLACE (city or town)	Nama of oparetion Date of
-	(Stete or country)	Whet test confirmed diegnosis? Was there an autopsy?_
MOINER	15. MAIDEN NAME Vellie Jones	23. If death was dua to externel causes (VIOLENCE) fill in elso the following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	(State or country)	Where did injury occur?(Specify city or town, county and State)
17.	(Address) 600 F. Om & Of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL Piece 4 9 9 19 3 L	Menner of injury
19.	UNDERTAKER CAMP TO SAME	24. Was diseesa er injury in eny wey releted to occupation ef deceesed?
20.	FILED If a gladus	(Signed) Clack , E. Garrett
	Registrar.	(Address) Outons sella Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 5 1932	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURKAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	Large
Gausiones	May 1,1923	Gastroenterurs	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interstilial nephrilis	1915	Attock of epilepsy	1 week ogo
Chronic interstilial nophrilis .	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	SIAIL	F MARTLAND	CERTIFICATE OF DEATH (1253)
	1. PLACE OF DEATH		3)
	County Jalyuro		Registration Dist. No.
	Village or City Resv	clle	No 9 St., f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where d	leath occurredyrsmos	ds. How long la U.S. If of foreign birth?yrsmos
	2. FULL NAME	and office	les
	(a) Residence: No.	relly	St., Ward.
-	DEDGONAL AND GENERAL	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTI	5. SING(E) MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
,	F TO RACE	OR DIVORCED (write the word)	Mar, 1932
5	a. If married, widowed, or divorced		(Month) (Day) (Ye
	HUSBAND of (or) WIFE of	0	HEREBY CERTIFY, That I attended decease
,	S. DATE OF BIRTH (month, day, and year)	n. 8 1932	I last saw h alive on ,19 ; death
	AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, atm.
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7	8. Trada, profession, or particular	12-	Date of Date o
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	runc	Sullborn (4 mo)
ď	work was dona, as SILK MILL.		
11000	10. Data deceased last worked at	11. Total tima (years)	-
C	this occupation (month and year)	11. Total tima (years) spent in this cocupation	
	, like	vill.	Other Coutributory Causes of importance:
1	(State a) country)	11 1	
0	13. NAME VILLEY - O	Hugeles"	
CATUED	14. BIRTHPLACE (city or town)	aryland	Nama of operation Date of
2	(Stata or country)	010	What test confirmed diagnosis? Was there an autopsy?
UED	15. MAIDEN NAME OF THE STATE OF	Allall	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTE	16. BIRTHPLACE (city or town) 2.11.0	ryland	Accident, sulcide, or homicida?, Date of Injury, 15
2	(State er country)	All to	Where did injury occur?(Specify city or town, county and State)
1	17. INFORMANI YELLEST (Address)	Hunles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	8. BURIAL, CREMATION, OR REMOVAL	- 7	Manner of Injury
	Placa Memeraling	But ferriegol	- Nature of injury
1	19. UNDERTAKER	V	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Meh 8 1932 &	Ehrchols	(Signey) (Signey)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

ELBEVILLE

"operative," etc.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ot contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroenteritis	1 year

(And the second		

of OCCUPA-

PHYSICIANS should state RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENA properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 62540

1. PLACE OF DEATH County Baltimore	Registration Dist. No. 38
Village or City Carney	No. Harford Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth?
2. FULL NAME Juanita I. Irvin	
(a) Residence: No. Harford Rd. Carney (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March 26th, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Vernon Irvin	22. I HEREBY CERTIFY, That I attended deceased from February, 1929, to March 26, 1932.
6. DATE OF BIRTH (month, day, and year) Aug. 10, 1912	I last saw har alive harch 26 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, at 11:30P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Baltimore	Other Contributory Causes of importance:
(State or country) Waryland	- Pulmonary hemonhage 3/26/32
13. NAME Hexberk G. Whitehead 14. BIRTHPLACE (city or town) North Carolina	Name of operation
15. MAIOEN NAME Nora Oliphant Baltimore (State or country) Maryland	23. If death was due to external causes (VIOL ENO) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT David V. Irvin (Address) Carney, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Mar. 30. 193	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
Place Parkwood Cem. Date Mar. 30, 193 19. UNDERTAKER Futuil Rasulmoton (Address) 7401 Belair Road 20. FILED 3/28, 1932 G. W. Bacon Registrar.	Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? 210 If so, specify (Signed) A M Baco M. D. (Address) Parkirille, M.A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1/ PLACE OF DEATH	108
County Daetuurs	Registration Dist. No. 30
Village or City Catousville	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clivin Labler	I paacs,
(a) Residence: No. / Seamont Car	E St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR, OR PACE . 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR ALVORGED Agrice the word)	(Month) (Day) (Year)
5a. If married, widowed/or divorced , HUSBAND of (or) WIFE of Usua Portch (buse)	22. I HEREBY CERTIFY, That I attended deceased from
(111111212121	I last saw have alive on March 5 1932 death is said
6. DATE OF BIRTH (month, day, and lear 1 Days If LESS than	to have occurred on the date stated above, at 1.50 Pt.m.
29 6 24 1 day,hrs	
8. Trada, profession, or particular kind of work done, as SPINNER,	I for P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	John June 2-27-3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spant in this year) cocupation	
(year)	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) // au fleed:	unite Wellaritis. 3-4-12
13. NAME (Irthur N. Opages.	- La santa de la companya della companya della companya de la companya della comp
13. NAME CRUW N. OPOGES, 14. BIRTHPLACE (city or town)	Name of operation Morrie Date of
(Stata or county) Wary laced	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ora Jebler	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME OLD Jobe 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTME. Clivic J. Jeans,	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) almandle Mul.	
Place Volus Clu Date Mar. 7, 19 3	Manner of injury Nature of injury
En to Sa	MAST
19. UNDERTAKER (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
21 - 212/1	(Signed) . Jana Johnson M. D.
20. FILED Registrar.	(Address) 819. Frankrich Red.
If more blanks are negded, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1/ Month

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory eauses of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

V. S. Mo. 1

1. PLACE OF DEATH County Gallings or City UperPlaced Leagth of estidence in dry of from where death occurred. (a) Residence: No. (Usualplace of shools) (Usualplace	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02542
Village or City		
Village or City	County Balleguore	Registration Dist. No. 39
tength of residence in dry slown where death occurred. (a) Residence: No. (Usual face of abode) PERSONAL AND STATISTICAL PARTICULARS 3,5EX 4. COLOR OR RACE S. HAMME, MARKED, WHOTHER OR DIVORED CONTROL OF BEATH 21. DATE OF DEATH 22. FULL NAME Will Bonnoidean give city or town and State MEDICAL CERTIFICATE OF DEATH 23. DATE OF BEATH 24. COLOR OR RACE S. HAMME, MARKED, WHOTHER OR DIVORED CONTROL OR STATE S. LIMITED CONTROL OF DEATH 25. LIMITED CONTROL OR STATE S	Village or City Clakereo	
(a) Residence: No. (Usual piece of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5SEX 4. COLOR, OR RACE S. SHOOTE, MARKED, WHOOTHSO, OR PACE OR DUDGED TO THE No. WHOOTHSO, OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OR THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE PROPERTY OF THE WHOOLY OF THE WHOO	Length of residence in city of town where death occurred yrs mos.	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR, OR RACE OR DIVORED TERM MEDICAL CERTIFICATE OF DEATH White will be supported by the state of the state of the state of the state of the state of the state state of		St Ward
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## Se. If merried, widewed, arthretter Se. If merried, widewed, arthretter Se. If merried, widewed, arthretter Se. If merried, widewed, arthretter Se. If merried, widewed, arthretter Se. Date of Birth (month, day, end yeer) Clug 2 7-1872 AGE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. DATE OF BIRTH (month, day, and yeer) lung 2 / 18 / 2 6. DATE OF BIRTH (month, day, and yeer) lung 2 / 18 / 2 7. AGE Years Mosths Oays If LESS than I day, hrs. or. mini. SAWYER, BOOKKEPER, etc. S. Industry or business in which SAWWER, BOOKKEPER, etc. S. Industry or business in which SAW MILL, BARK, etc. 10. Date decased last worked et this occupation (month end year) Other Coatribatory Cases of importence: State or country) Is BIRTHPLACE (city or town) (Stete or country) 13. NAME Accident, suicide, or homicide? Was there en eulopsy? 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) Accident, suicide, or homicide? 18. BURIAL, CREMATUR, BY FAMPAL Plees Parallel Marker Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury 19. UNDERTAKER Accident, suicide, or homicide? 19. Objectly city or town, county and Strate) Menner of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Neture of injury Menner of injury Neture of injury Neture of injury Menner of injury Neture of injury Neture of injury Menner of injury Neture of injury Neture of injury Menner of injury in any wey releted to occupation of deceased? If so, specify (Signed) Medicass) Medicass) Menner of injury in any wey releted to occupation of deceased? If so, specify (Address) Medicass Medic	Hemale White manuel	21. DATE OF DEATH (Month) (Day) (Year)
7. AGE Years Months Oays If LESS than 1 of heve occurred on the deto stated ebove, at 6 nm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: SAWER, BOURKEPER, etc. 9. Industry or business in which work was done, as SPINNER, Work was done, as SILK MILL, SAWER, BOURKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWER, BOURKEPER, etc. 10. Date deceased last worked at spent in this occupation month end years) 12. BIRTHPLACE (city or town) your across the secondary occupation month end years) 13. NAME Palent Auty 13. NAME Palent Auty 14. BIRTHPLACE (city or town) your across the secondary occupation was also as a secondary was also as a secondary was also as a secondary was also as a secondary occur. 14. BIRTHPLACE (city or town) your across the secondary occurs of importance was of importance. 15. MAIDEN NAME Palent Auty 15. MAIDEN NAME Palent Auty 16. BIRTHPLACE (city or town) your across the secondary occurs. 16. BIRTHPLACE (city or town) your across the secondary occurs of importance was of importance where an eulopsys? 17. INFORMANT Auty 16. Specify city or town, country and State) 18. BURLAL (CREMATUR, OR, MEMINAL Place) Your Auty 16. Specify city or town, country and State) 19. UNDERTAKER TOWN Auty 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Your Auty 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Signed) Auty 16. Specify whether of injury. 19. UNDERTAKER TOWN Auty 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Signed) Auty 16. Signed) M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M. D. (Address) Haunghlead M.	HUSBANDOI S. TWE DO	Feb. 18th , 1932, to luce 12th , 1982
8. Trade, profession, or particular forms of the profession of particular forms of the profession of particular forms of the profession of	7. AGE Years Months Oays If LESS than 1 day, hrs.	to heve occurred on the deto stated above, at 6 10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
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15. MAIDEN NAME 16. BIRTHPLACE (city er town) 16. Stete or country) 16. BIRTHPLACE (city er town) 17. INFORMANT 18.	13. NAME Robert a Litz	
15. MAIDEN NAME 16. BIRTHPLACE (city er town) 16. Stete or country) 16. BIRTHPLACE (city er town) 17. INFORMANT 18.	14. BIRTHPLACE (city or term)	Neme of operation
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20. FILED 0 - 14 , 1922 6. E. forth M.D. (Signed) Hampstead M.D. (Address) Hampstead M.D. (Address) Hampstead M.D.	Plece Jumpshead My Dete 9-15, 1932	
20. FILED , 19.22 Section (Address) Hampstead had		
	Lical, Registrar.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH should state 1. PLACE OF DEATH Registration Dist. No No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS 24 ds. RECORD. Every How long In U.S. If of foreign birth? statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL (Month) PERMANE 5a. If married, widowed, or divorced BINDIN classifi HUSBAND ol 22. ERTIFY. That I attended deceased from (or) WIFE of N M 6. DATE OF BIRTH (month, day, and year) & . 2 S certificate. 7. AGE Months Days If LESS than proper to have occurred on the date stated above. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or min. were as follows: 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may plnods work was done, as SILK MILL. SAW MILL, BANK, etc no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that year) _____ occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. ain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ OTHER very important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: H Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town (State or count Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, Manner of injury AUSE 2 mation LION Nature of Injury 24. Was disease er 19. UNDERTAKER (Address) Il so, specify 20, FILEO.

If more blanks are needed.

adoress Sente Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

_Ward

(Year)

Oate of onset

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Other contributory causes of hyportance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
- Chil			1

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every N. B.—WRITE READLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH 02544
1. PLACE OF DEATH	
County Julymore	Registration Dist. No.
Village or City North Come Ocoal	Moderate And St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	
2. FULL NAME Stell born infa	w Jones /
(a) Residence: No.	St./ Ward.
(Usual place of abode)	If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Mar. 2093) (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attandad deceased from
6. DATE OF BIRTH (month, day, and year) March 20 132	1 last saw h aliva on 19 daath is said
7. AGE Years Months Days If LESS Man	to have occurred on the date stated above atm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8 Trade profession or particular	Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	atel vom
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	infant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date dacaased last worked at this occupation (month and spent in this	(3 neo)
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Moth Verns Qo	- Canal Canal Control Importance
(State or contry)	
13. NAME / Mo. / Ones 14. BIRTHPLACE (city or town) / Va	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Mary S. Jones	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Line to Johnson 19	Manner of injury
Place Co your Bail of proms, 19	- Nature of injury
19. UNDERTAKER Matoniscal Lat. (Addrass)	24. Was disaasa or Injury in any way related to occupation of daceased?
20. FILED Mar 21, 1932 Glat Comick in 2	(Signad J. (TW. Monues C) (Address) Prancus Paris M. D.
Registrat.	(Addiess)

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- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu 1915 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on S. yrs). Farm laborer, At Home, and children, without more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery, (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed Laborer--Coal minc, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DIS-HASL CAUSING BLATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. The nature of the injury. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Exhaustion, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., o. interstitial nephritis, ("Congenital," or intercurrent) affection need not be ss important. Example: Measles (disease "Heart failure, Chronic valvular heart disease; "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory Nomenclature

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02546
1. PLACE OF DEATH	92-0
County Bulkingor	Registration Dist. No. 4
Village or City Bloomfield	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredysmos	
2. FULL NAME of surline halm	git
(a) Residence: No. Hulf Fluttentours (Usual place of abode)	A St. 2 / Varioon field in nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (ulina Julings)	22. I HEREBY CERTIFY. That lattended deceased from april 5, 1931, to March 8, 1932
6. DATE OF BIRTH (month, day, and year) along 10. 1853	I last saw her alive on March 7, 1937; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et
8 Trade profession or particular	Chronic Vahular Heart Disease ?
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	
10. Date decesed last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Lernant	Vartel intesterol obstruction 3/1/32
13. NAME John Resetter	Q.
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Claude Wes there an autopsy?
15. MAIDEN NAME unfanon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulside, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sloon teld and	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place tafel Ceux ex Date 3/1/, 193.	Nature of injury
19. UNDERTAKER Ofward Tourse Block	24. Was disease or injury in ony way related to occupation of deceased?
20. FILED MCL 10, 1932 Gertrufeeffer	(Signed) Nm A. Shouses (M. D. (Address) 1901 Suffes a.C.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/11/100000/0000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

)	item of infor-	should state	of OCCUPA-	
	T RECORD. Every	Y. PHYSICIANS	Exact statement	/
SINDING	ERMANEN	EXACTL	classified.	te.
FOR	IS A P	stated	properly	certificat
W.S. NO. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	" TION is very important. See instructions on back of certificate.
V. 5. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Waltimore 5 DM . Ma	Registration Dist. No. 49		
Village or City Raskerwz	No. Newwood Que. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. II of foreign birth?		
2. FULL NAME John Kern			
(a) Residence: No. Rasfelvety 1/Conwo	agsaul, Ward.		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCE (write the word)	21. DATE OF DEATH March 21 1932		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
(or) WIFE Command. Kern	22. MI HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year afteril 4 1857	I last saw h Ma alive on Mely 20 , 19 3 % death is said		
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at		
74 10 17 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, prolession, or particular kind of work dona, as SPINNER, Karrell SAWYER, BODKKEEPER, etc	Lato Relleguis		
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data doceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).			
- 1 1 this occupation (motter and			
year) occupation occupation	Dther Contributory Causes of importance:		
(State or country) Mary Com			
13. NAME Simon Hern			
13. NAME Sumon Herri	Name of operation Date of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town Baylar a Greene	23. If death was due to external causes (VIOLENCE) fill in also the following:		
	Accident, suicide, or homicide? Date of Injury, I9		
(State or country) Seymany	Whera did injury occur?(Specify city or town, county and State)		
17. INFORMAN ON THE CONTROL OF THE C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATIDA OR REMOVAL	Manner of Injury		
Place grow Justa Orn Date Mar 23 , 1932	Nature of injury		
19. UNDERTAKER Frederick Lancalm law	24. Was disease or injury in any way related to occupation of deceased?		
(Address) 7401 Belgie Port	II so, specify		
20. FILED 3/22, 1932 D. Chity My Registrar.	(Signed) M. D. (Address) Aldrew M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TH UNFADING INK-THIS IS A PERMANEN. MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02548
1. PLACE OF DEATH	80
County Page 1	Registration Dist. No. 32
Village or City Janklain (II O)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Garrie Kidd	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whole	21. DATE OF DEATH Have . 30 (Pear)
5a. If married, widowed, or divorced HUSBAND of Corp WIFE of Charles S. Kidd	22. I HEREBY CERTIFY, That I attended deceased from 7mily 23 1932 to Smily 30 1932
6. DATE OF BIRTH (month, day, and year) Dec :31-1846	Hast saw has alive on Such 30 , 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.457 m.
85 2 29, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as follows.
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Folor munna
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
The Date deceased last worked at this occupation (month and year) spent in this occupation corupation	·
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
H C A	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME FOLIA (X COLORS	23. If death was due to external causes (VIOLENCE) fill In also the following:
I Sunday	Accident, suicide, or homicide? Oate of injury 19
16. BIRTHPLACE (city or town). (State or country)	Where did injury occur?
17. INFORMANT Paral J. Hashall, (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Websel Stetown Deweller gate Mr. 2, 1952	Nature of Injury
Balls To tough the manage	24. Was disease or Injury in any way related to occupation of deceased? 225
19. UNOERTAKER Janes Janes (Address)	If so, specify
marco melo 31 martis of 1 a 1	(Signed) Britan Bothun M.D.
20. FILEO MIN 31 , 19 St MV Office Registrar.	(Address) Winh Hale ma-
If more blanks are needed address State Registrar	ners N. Charles Street Beltimore Persestence 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	prmation should be carefully supplied. ACE should be stated EXACTLY, PHYS are CAUSE CF DEATH in plain terms so that it may be properly classified. ExaUPATION is very important. See instructions on back of certificate.
	RECOR	ted EXAC perly classertificate.
DING	ENT ENT	nay be pro
FOR BIN	IS A PE	So that it in
MARGIN RESERVED FOR BINDING	NI WITH UNFADING INK-THIS IS A PERM SENT RECORD	y supplied ain terms see instr
GIN RES	ADING I	e carefull ATH in pl
MARG	ITH UNF	SE CF DE
•	W IN	ormation ate CAU

Vil	2 FULL NAME Charles A. 70
-	PERSONAL AND STATISTICAL PARTICULARS
	nale Ahrte Single, MARRIED, MARRIED, MIDOWED. OR DIVORCED (Write the word)
6 1	DATE OF BIRTH (Month) (Day), 188((Year)
7 /	If LESS that I day hr
80	a) Trade, profession or
100	DICCUPATION a) Trade, profession or Carpenter particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Richmond Va
100	Distribusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Richmond Va. 10 NAME OF FATHER Tandy W. Xidd
STN STN	Distincts, or establishment in which employed or (employer) BIRTHPLACE (State or country) Richmond Va. 10 NAME OF FATHER Tandy H. Xidd 11 BIRTHPLACE OF FATHER (State or country)
ARENTS	Discharge of middle of mid
RENTS	Distribusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Richmond Va. 10 NAME OF FATHER Tandy "N. Xidd 11 BIRTHPLACE OF FATHER (State or country) Va. (State or country) Va.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 44

	Dist. No. 44
gnes Lane St.: War	d) (if death occurred in a hospital or institu- tion, give its NAME is - steed of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH March 9	, 1932
(Month) 17 I HEREBY CERTIFY, That I at 1 at 2 1 to Month 1 to Mon	arch 9 , 1903 2,
and that death occurred on the dete state The CAUSE OF DEATH * was es foliows:	/
Contributory Contributory Secondary	yre mos de.
*State the Disease Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitais, Institutions, Trans-
At plece In the of deathyrsmosds.	ne ateyrsmosds.
Where wes diseese controcted, if not et place of deeth?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Former or usuel residence	00000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	3/12/, 1932 ADDRESS

If more bianks are needed, addre.s Stete Registrar, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

J. YY. SCHLIEDER.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

JIAIL OI	MARYLAND-	CERTIFICATE OF DEATH	5.13	
1. PLACE OF DEATH		(20-m)	00.	
County Balto.		Registration Dist. No. 4	4	
Village or City 7mdsle	River	No. Castern (ine ! R.J St., f death occurred in a horpital or institution, give its NAME instead of street and num	Ward	
Length of residence In city or town where death of		sds. How long In U.S. if of foreign birth?yrsmos		
2. FULL NAME Burges (a) Residence: No. 1302	o J. Wilb. 4. 40d (Usual place of abode)	St., Ward. If nonresident give city or town and Str	ate	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male shlute 3	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 (Year)	
2. FULL NAME (a) Residence: No. 1307 H. 40 dt (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEO (cypice the word) 5a. If married, widowed, or divorced HUSBAND of (or) Wife of 7. AGE Years Months Days If LESS than 1 day, hrs. or mia. 8. Trade, profession, or particular kind of work done, as SPINNER, etc. 3. If marry Left Note the work was done as SILK MILL, A. S. Marry Left Say Mill, BANK, etc. 3. Industry or business in which work was done as SILK MILL, A. S. Marry Left Say Mill, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Other Countributory Causes of importance:		ceasod from		
DATE OF RIPTH (month day and year)	9.24.1901		death is said	
. AGE Years Months	Days If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	1	note as tollows.	Date of onset	
SAWYER, BODKKEEPER, etc.	arlor	Fractured skull due to		
	S. mary Ref. 11. Total time (years)	automobile accident		
year)	spent in this occupation	Dther Contributory Causes of importance:	~	
(1)				
13. NAME Robert The	lby			
14. BIRTHPLACE (city or town) (State or country)	,	Name of operation Data of What test confirmed diagnosis? Was there an auto	anew? 4-	
15. MAIDEN NAME many	Anson	23. If death was due to external causes (VIOL ENCE) filt in also the following:	opsy:as_a	
15. MAIDEN NAME many 16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide? Accident Date of injury 3/2 6	1932	
(State or country)		Where did injury occur? maddle Room		
A INFORMANT Carlin 7 Kil	by and are.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
8. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury . Customs bile Nature of injury . Shall . Low . by woundshield 24. Was disease or injury in any way related to occupation of deceased?		
Place Wordland Da	ta 3/2 3 ,19 3 9			
9. UNDERTAKER A. E. Celenovoc	th & Sm			
(Address) 36 15 tehent	Frek Core:	If so, specify		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospitai or institution, give its NAME it of street and number.) PARTICULARS PERSONAL AND STAT MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. may be n baok OR DIVORCED (Month) (Day) HEREBY CERTIFY. That I attended the deceased from (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) DO 10 NAME OF 0 (Address) 11 BIRTHPLACE *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER TION (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) d stat 13 BIRTHPLACE In the At place OF MOTHER of deathyrsmosds. (State or Country) Where was disease contracted, if not at place of dea.h?..... 5 of shou Every Item CIANS sho statement Former or usual residence (Informant Filed Registrar Saratoga St., Balto, Requesting V. S. No. I.

If more blanks are needed, address State Registrar,

ESERVED

2

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. god in domestic service for wages, as Screant, Cook, Housemaid. etc. If the occupation has been changed whatever, write Nonc. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William Laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a report Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery.
muan, (b) Automobile factory. The materia without more precise specification as Day specifically the occupations of persons enmpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coal mine, ctc. Grocery; Woin-

*EXECUTION OF Cause of Death—Name, first, the DISTRACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted, term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably surcide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, Americau Medical Association.) Recommendations on statement of cause of death elanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, by Committee on cough; " "Marasmus, Chronic and consequences (e.g., sepsis, " "Old Age, " "Shock," valvular heart Nomenclature The contributory Measles ; discase ;

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INKTH
UNFADING
WITH
LAIN
WRITE I

V. S. No. 1

Z

	PLACE OF DEATH	STATE OF MARYLAND
/	County Balto.	CERTIFICATE OF DEATH
		Registration Dist. No. 44
Vil	lage or City Cossex (No. Mo. Mo. Mo. Mo. Mo. Mo. Mo. Mo. Mo. M	Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	nole 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH march 2 , 1928 2 (Month) (Day) (Year)
6 D	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192,
	(Month) (Day) (Year)	that I iast saw halive on, 192,
7 4	If LESS than I day hrs. or min.?	
7 (F	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in	Erebral Haemonhage
	rhich employed or (employer)	(Duration)yrsmosda,
9 B	(State or country) Unknown	Contributory Secondary (Durstion) yrs mosds,
	10 NAME OF FATHER 2000 NOWN	(Signed) Jacob Hallning Coroner M. D.
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Cenkenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) Curkenown	At place of death
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) James Hartley (Address) marlyn ave Essex	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar. 22, 19 32

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Nomenclature of the not be

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TION is very important.

-WRITE PLAINLY,

Z

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL/	ACE OF DEAT	TH			(92°c)	
Co	unty Balt	Lmore			Registration Dist. No. 43	
Vil	lage or CityQ	verlea			No. 18 E. Overlea Ave. st.	Ward
ler	noth of residence in cit	v or town where d	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and i	
li .	LL NAME				O) Ward	
(a)	Residence: No	IO E. ((Usual place	of abode)	St., Ward. If nonresident give city or town and	State
P	ERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Fem		r or race ite	OR DIVORCEI	RIED, WIDOWED, O (write the word) O OW ed	21. DATE OF DEATH March 16th, (Month) (Day)	, 1932 (Year)
	ried, widowed, or divo	rced				
(or)	WIFE of Wil:	liam F.	Koehnle	ein	22. DIE / ST 1930, to March /	
6 DATE O	OF BIRTH (month, day	and year) Al	pril 8th	1. 1859	Hast saw he alive on Tweel 16 a 1932	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, et. 4:30 Pm.	
	72	11	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15.4
z 8. Tr	rada, profession, or pa kind of work dona,				4	Date of onset
PATION 9. IE	SAWYER, BOOKKEE	PER, etc.	At Hon	1e	Chrone hyrcardily	Bac 14 1931
NA P	dustry or business in work was done, as S SAW MILL, BANK, o	SILK MILL,				
10. Da	ate deceased last wor this occupation (mo	kad at	11. Total ti	me (years) nt in this		
	year)		occu	pation	Other Contributory Causes of Importence:	
12. BIRTH	PLACE (city or town)	Balti		*******		
1	tate or country)	Maryla			myreading muffice	Mads 4/97
当 13. N	AME Chr	istian I	Rehling		4-4	
13. N.	RTHPLACE (city or to	wn)	many		Name of operation Date of	
	(State or country)		Hally		What test confirmed diagnosis? degree and	iutopsy?
15. M.	AIDEN NAME UI	nknown			23. If death was due to external causes (VIOLENCE) fill in also the following	
16, BI	RTHPLACE (city or to (Stata or country)	Germa	a nv		Accident, suicide, or homicide? Data of injury	, 19
				-la #	Whera did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
	MANT Mrs.	clea. Mo		arer	Specify whether injury occurred in the bost kit, in nome, or in robele re	NUL.
18. BURIA	L, CREMATION, OR R	EMOVAL		19	Mannar of injury	
Pla	wester	n Cem	Data Mar	21. , 19.32	Neture of Injury	
19, UNDER	RTAKER Freder	ack La	esahu.	Sow	24. Was diseasa or injury in any way related to occupation of deceased?	h
	ddiess) 740	Ol Bela	Ir Road		If so, specify	
20, FILED.	3/18	1932 /	a. Entr	my,	(Signed)	M. D.
8			0	Registrar.	(Address) Trescens on	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory Jauses of importance:	May 1,1923	Other contributory causes of importance:	1 year
Ourselvies .	111491,1020	Oddi sonto eso	T you

PHYSICIANS should state

stated EXACTLY. properly classified.

he

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

Exact statement

item of infor-

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	ALE OF	MAK	TLAND	CERTIFICATE OF DEATH	9551
County Baltimo	re			Registration Dist. No. 43	4UU1
Village or City Over			- CH	ND. 6500 Beech Ave. St., f death occurred in a hospital or institution, give its NAME instead of street and t	Ward
Length of residence in city or	town where dea	th occurred1		ds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Joh	n IK	rach			
(a) Residence: Np. 65				St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Whi			RIED, WIDOWED. D (write the word) E C	21. DATE OF DEATH March 27th (Month)	, 193 2 (Year)
5a. if married, widowed, or divorced HUSBAND of					
(aa) MIFF of	sie L.	Krach		Fib. 15 1932 to New 22	deceased from
6. DATE OF BIRTH (month, day, and	was Not	7 14	1865	I last saw h. In alive on May 2 6 1932	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1:30Am.	, 000(1113 3010
66	4	13	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance were as tollows:	Date of onset
8. Trade, profession, or particular kind of work done, as S SAWYER, BDDKKEEPER, 9. Industry or business in white work was done, as SILK SAW MILL, BANK, etc	PINNER, etc ch MILL.	Farmer		Splenmylogene henteemie	1930
Date deceased last worked this occupation (month a year)	at	1i. Totai ti	me (years) nt in this upation 40		
12. BIRTHPLACE (city or town) (State or country)	Balto.	Co.		Other Contributory Causes of Importance:	62001
E 13. NAME Jacob	C. Krs	ach			
13. NAME Jacob 14. BIRTHPLACE (city or town) (State or country)	German	าง		Name of operation	2
	nown			What test confirmed diagnosis? Was there an a 23, if death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Unit 16. BIRTHPLACE (city or town) (State or country)	German	ıy		Accident, suicide, or homicide?	
17. INFORMANT. Mrs. Bosie L. Krach (Address) 6500 Beech Ave.				(Specify city or town, county and Stat Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) = ACE.
18. Burial, cremation, or remo	VAL			Manner of injury	
19. UNDERTAKER Freder (Address) 7401 Be	ik La Plair F	road	, a don	24. Wes disease or Injury in any way retated to occupation of deceased?	hd
20, FILED 3/28 , 198 .	2 9	a. to	nt M&	(Signed) Chertichus (Address Maperaias Belaw Reg	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

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	Example I	1	Example II		
of importance were	of death and related causes- as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 2 1932	July 5, 1927	Peritonitis	3 days aga	
	BUREAU V.		•		
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUP 1. PLACE OF DEATH should. County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos. ____ ds. Length of residence in city or PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date steted above, et I day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. plnous may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. instructions 12. BIRTHPLACE (city or town (State or country) FATHER Name of operation plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?___ MOTHER important. 15. MAIDEN NAM 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (Stete or country Where did injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoys (Address) OF Manner of injury AUSE mation LION Nature of injury 24. Was disease or injury in (Address) If so, specify 1901 Registrar. If more blanks are needed, addfess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Everyment of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS, and of state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERM ENT WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR

V. S. No. 1

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14

PLACE OF DEATH	STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
11, 0	Registration Dist. No. 44
Village or City Harte march (No. Ceber	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
***************************************	Turnout,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Ahrte Single, MARRIED, MIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from MCLC 3 1922, to MCC 1922
(Month) (Day) (Year)	that I last saw h An alive on Mich 15, 1923 }
AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work	Ourbal Helloubag
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER Zinkmown	(Signed) Clark M. D.
OF FATHER (State or country) Rethuania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unkerrum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Lithutania	At place of deathyrsds. In the Stateyrsds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
mars Hureda	Former or usual residence
(Address) Hlute Formal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S/2/, 19-3/2
Filed 3/21/1982 slongs. Cornelly Registrar	20 UNDERTAKER ADDRESS How Sublems koo 4423 Page St.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of info CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING B.—WRITE PLAINLY,

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	049
Village or City Castery Rolling Wells	Registration Dist. Np. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
9.119	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 3230 (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on
7. AGE Years Months Deys If LESS than I dayhrs.	to heve occurred on the date stated above, atm.
7/ 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Waigh Mathewall at SWYER, BODKKEPER, etc.	Mahlania
SAWYER, BDDKKEEPER, etc	Myrryma
9. Industry or businass in which work was done, as SILK MILL Castlery Rolling Clist SAW MILL, BANK, etc.	Meant dailine
10. Date deceased last worked at this occupation (month and spant in this	Dorophed dead, wisheld in the tollet
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cut 997
(State or country) 2 13. NAME Vau Seouald	
	Name of operation
4. BIRTHPLACE (city or town) Classification (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23, If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Anna 6. Smelle (Friend (Address) 32 30 Fosler as	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Cult Tawn Date Ulche 26 , 19 32	Neture of Injury
19. UNDERTAKER Lely Tables due.	24. Was disease or injury in any way related to occupation of deceesed?
(Address) +03 Oc. Orvold M.	If so, specify
20. FILED Marel 24, 1932 J. J. Granelly	(Signed)
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones CE67	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING INK-THIS IS A PERM. ENT RECORD WITH UNFADING INK-THIS IS

PLACE OF DEATH County Politics 210	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Bucht Fights. Pa	Registration Dist. No. L(Mard) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) the straight of th	Literal Lyurieg cauged fy stuck by automobile fy automobile (Duration) yrs mos de Contributory Secondary Litter woration yrs mos de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) M. D. 192. (Address) *State the Disease Causing Death, or, in the state (1) Means of Injury and (2) Whether
(State or country) (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs
(Informant) Horace Sources (Address) R10 B 2 43 B Margaret	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Morch 16 19 3. 20 UNDERTAKER Robot & Williams 15'15'M Eldry
If more bianks are needed, address State Registrate	r, 16 W. Seratoga St., Balto., Requesting V. S. North Cata

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospigal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; Chronic Chronic interstilial nephrilis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature or intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINI WITH UNFADING INK--THIS IS A PERM ENT RECORL --Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.

	RECO	ted EXA
NG	ENT	be star
BINDI	PERM	should
FOR	S IS A	d. ACE
MARGIN RESERVED FOR BINDING	UNFADING INKTHIS IS A PERM ENT RECO	ould be carefully supplied. ACE should be stated EXA
MARGIN	UNFADII	ould be ca

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	ECORD	efully supplied. ACE should be stated EXACTLY, PHYSI- n plain terms so that it may be properly classified. Exact
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FOR	IS A	I. ACE
RESERVED FOR BINDING	G INKTHIS IS A PERM (ENT RECORD	lly supplied lain terms
RE	U	eful n p

1PLACE OF DEATH		62559
	STATE OF N	
County Balto	93-c CERTIFICATE	OF DEATH
	Registration L	Dist. No. 44
Village or City Cose (No. may 2FULL NAME David B. Le	yland are, St.: Ward)	(If death occurred in a hospital or institu- tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
male A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 18 (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte	nded the deceased from
aug 3, 1862		, 192
(Month) (Day) (Year)	that I last saw h alive on	6 4
7 AGE If LESS than I day	and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	above, at
6 9 yrs. / mos. / J ds. or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work	Chrome Physes	ditis
b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrs. O mos de.
9 BIRTHPLACE (State or country) Va -	Contributory Secondary (Duration)	vrs. A mos de
10 NAME OF FATHER Unknown	(Signed)	White M.D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
of MOTHER Zinknown	18 LENGTH OF RESIDENCE (For Hospita	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. State Where was disease contracted,	ds.
(Informant) Rossie Cerving	if not at place of deah?	**************************************
(Informant) Rose Germany	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Maryland and Curl . Eastly	mrt. Jackson, Va.	3/22,1982
15 Filed 3/22/ 1922 John & Commelly	Labora La Commella	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special wine, etc. Womlaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, reer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; " Shock,"

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD 田田 BINDING PERM FOR X IS WITH UNFADING INK--THIS RESERVED MARGIN LAINI

V. S. No.

N-B.

11

PLACE OF DEATH	STATE OF MARYLAND
County Balts.	CERTIFICATE OF DEATH
A	Registration Dist. No. 44
Village or City Gunpowder (No. Jallo,) 2FULL NAME mike mas	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male A COLOR OR RACE B SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH march 9 th, 1982 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
60	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
l dayhrs.	
yrsds. ormin.?	
8 OCCUPATION	Fractured shall
(a) Trade, profession or particular kind of work	accidental full for B. 80. Bridge
(b) General nature of industry	waster full for the sold in the
business, or establishment in	(Duration)yrs,mosde.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Poland	Secondary (Duration) yrs mos ds.
10 NAME OF	(Signed) Jacob Dallman Coroner M. D.
FATHER Unite.	2
0 11 BIRTHPLACE	192 (Address) & um mess Run Md
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Umb.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Me - Thom	Former or usual residence
(mormant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Troplas Jam	Teras also Home 3/11/ 1832
Filed 3/11/ 19th Shy Gelowilly Registrat	20 UN DERTAKER ADDRESS
	SOW SOLD SO POLO POLOS V S No. 1
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whi, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation. Stationary fireman, etc. But in many Automobile factory. The material -Coal minc, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tethnus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic ," "Coma," "Convulsions," valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.—WRITE PLAINLY

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

62561

1. PLACE OF DEATH	(23)
County Baltimore	Registration Dist. No. 938
//	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Saughilliam Ma	" CIN
(a) Residence: No. 3/13/116 (Usual place of a lode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH 30 1937 (Month) (Day) (Yaar)
5a. If marriad, widowed or divorcad (or) WIFE of Mary & Marriad	22. HEREBY CERTIFY, That I attended decassed from 1928, to Much 30, 1932
6. DATE OF BIRTH (month, day, and year) July 10,1884	I last saw havelive on Mulling 30, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 0 m.
0 47 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Carpently SAWYER, BOOKKEPER, etc.	Bulmanary tuhenculary tuhon
S Industry or business in which work was dona, as SILK MILL Par Railsaad SAW MILL, BANK, atc.	laux
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc. 10. Date decased last work and at the second time (years) this occupation work and years year) 9. Total time (years) spant in this occupation	mal field of the
12. BIRTHPLACE (city or town) Baltimuse Jud	Other Contributory Causes of importance:
13. NAME John W Mann	
13. NAME AM Manne 14. BIRTH-LACE (city or town) Pallinne Med (\$tata or country)	Namo of operation Data of Data of Data of What tast confirmed diagnosis? X= Lac x Apullian was there an au opsy?
15. MAIDEN NAME MUYBUL Slurger 16. BIRTHPLACE (city or town) Ballinare Mid	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:
(State of County)	Accident, suicide, or homicide? Date of injury, 19 Whare did injury occur?
Iospital RecordsPersonal History II. INFORMALI DOWOOD SANATORIUM, TOWSON, MD,	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Parkers of Cem. Data April 3, 1957.2	Mannar of injury Nature of injury
19. UNDERTAKER Frederick Lasealw slav	24. Was diseasa or injury in any way related to occupation of deceased? 100
(Addrass) 7401 Belaig Rogh	If so, spacify (Signad) // // // // // // // // // // // // //
20. FILED apres 1 , 1932 A - V. Sulle Back Registrar.	(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
DUZEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		्राष्ट्रकार्वे का <mark>श्कृत</mark> गाँउ विकास	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a, If married, widowed, or divorced HUSBAND of That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to heve occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11, Total time (years) spent in this this occupetion (month and occupetion . Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_____ Wes there en autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?_____ Date of Injury____ 16, BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased: 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. Registrat (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

CAUSE mation

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage APR 8 1982	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2563
County Saltunore	Registration Dist. No. 3 3
Village or City Owinga Miles 10	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs Zmos	s. ds How long in U.S. if of foreign birth? 34 yrs. mos. ds.
2. FULL NAME Goward ambrose Me	Corwock
(a) Residence: No. Parker Estate at orwings Meet	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale White Userved	21. DATE OF DEATH March 30th 193 2
5a. If married, widowed, or divorced Thurshand of HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Farmy was Corwack	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year Oct 30 1900	I last saw h albasas
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
3/1. 5 - 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cleffer SAWYER, BOOKKEEPER, etc.	Lied suddenly while Date of anset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at Oled this occupation (month and working spent in this occupation	Orgina poctorio Cevals
12. BIRTHPLACE (city or town) Brooklyn uy, (State or country)	Other Conflibutory Causes of importance:
# 13. NAME Michael Welcomeask	
E 10. 51.1	
(State or country)	Name of operation Date of
I 15. MAIDEN NAME Ellen We Corwack	What test confirmed diagnosis? Was there an au!opsy
T S	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Proaklyn rug	Accident, suicide, or homicide?0ate of injury, 19
17. INFORMANT rufe Fauny we corwact (Address)	Where did injury occur? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 7.7.	Managed intermed to a day of the transfer of Caucas
Place It Johnston Brolly Date Gp 3 L 2 19 32	Nature of injury work 30/37
19. UNDERTAKER Joseph Elice 7 Press	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dep heby/ 1932 Structure	(Signed) (Signed)
Registrar.	(Address) Slyvdon Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Redesting Was No 1. Corour

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

ceased had retired from business mapon the eee returned as at school or at home 2 For a woman in answer to Question 8 and own home in answer however, designate the occupation by the approp who had no occupation whatever write none.	your this se upation pri in whose on to Question riate terms	ion is very important, so that the relative health ction for every person aged 10 years or over. or to retirement. Children not gainfully employ ly occupation was that of home housework, write n 9. For a person engaged in domestic service, as servant—private family, cook—hotel, etc. For	ed may be housewife and a for wages,
To be complete, an occupation return must s	tate:	(Lana place of bode)	to on't
The industry or business in which t	the work wa	as done.	ERT FI
10.—The month and year the deceased la 11.—The number of years the deceased f	st worked	at the occupation 2 2	
sel In stating the occupation, avoid the use of sout the particular kind of work done and return			etc. Find (n. om)
schanical engineer, mining engineer, stationary en of the occupation can be secured to Do not use the machinist, etc. Distinguish carefully between a should be called a salesman and not a clerk. Statement of cause of death. Cause of death mode of dying, e. g., heart failure, asphyxia, ast As related causes, name earlier morbid condition of the principal cause. Under other contributory ca Example I The principal cause of death and related causes of importance were as follows.	ngineer, etc.	Avoid the term "laborer" when a more precise thanic," but give the exact occupation, as carpent and wholesale merchants. A person who is the disease, injury, or complication which causes dead as principal cause name the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injury cause the disease or injuries. Example II The principal cause of death and related causes of importance were as follows:	statement er, painter, sells gootiss on the ath, not the sing death. omplication Examples:
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
operation	Name C	nete of.	PROPERTY OF THE PARTY.
confirmed demanded. Was there 8	ethory T	- 8 m	THE PROPERTY.
Other contributory causes of importance of subset of Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	oeed
(Specify city occurred in INDUSTRY, in NOWE, or in PUBL)	γ		Specifice 11 LUSTING
ADDITIONAL SPACE FO	Manner OR FURTH	ER STATEMENTS BY PHYSICIAN	

24 Was disease or injury in any way related to occupation of deceased			Jecopa in Museca 7 01
If so specify			1441114711421-14-1
(Signet	Parameter Television (Control Service)	14-1	
[Address]	Pepisods		1114-4.
453 N. Charles Street, Lummers, Keybourn, Co. S. 16.	re ble / are necesa, a. State Registrar, 2		

PLACE OF DEATH	
PLACE OF DEATH County Baltimore	

STATE OF MARYLAND CERTIFICATE OF DEATH

0 1+	Registration Dist. No. 33
Village or City Parkton (No	St.: Ward) (If drath occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED WIDOWER WIDOWER (Write the word)	16 DATE OF DEATH Merch 17, 1932 (Month) (Day) (Year)
Ougust 9, 185/ (Month) (Day), 185/	17 I HEREBY CERTIFY, That I attended the deceased from 195 1 to Mar 17 , 1932 that I last saw h the alive on Man 17 , 1932
79 yrs. 7 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Relived Railrond Employ particular kind of work Relived Railrond Employ (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z3 yrs mos ds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER COMPANY MC Fadden	(Signed) M. D. (Address Survey by M. D.
OF FATHER (State or country) Virginia 12 MAIDEN NAME OF MOTHER WENTSMAN	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of death
(Informant) Mrs Mand Chiveral	Former or usual residence
(Address) Farklow, Maryland 15 Filed Man 18: 1982 Chesty & Field Registral	Stablersville, Batto, Go. March 20 132 E. Lerous teller mc 25 E. Morthan

If more b.anks are needed, address tate Registrar, 16 W. Saragga St., Thro., Requesting V. S. Ballo. Md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired fromor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer Coal mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coal minc, etc. Wom-Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid force (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved identify inay be stated under the head of "contributory." as fructure of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory ," "Convulsions, Measles;

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 02565
1. PLACE OF DEATH		95-8
County Sallimore		Registration Dist. No.
Village or City Freeland	<i>a</i> ,	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death	occurred 15 yrsmos	
2. FULL NAME Receber	w. med	uay
(a) Residence: No.	(Usual place of abode)	SV Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MOLE, MARRIED, WIDOWED, R. DIVORCED (write the word)	21. DATE OF DEATH Wav 28 (Month) (Day) (Year)
5a. If married, widewed, or divorced	7	
HUSBAND OF annie 2	Thepley	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man	15-1517	I last saw h alive on the dance, 19 death is said
7. AGE Years Months	Oays If LESS than	to have occurred on tha date stated above, atm.
65	2.3 day, hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trade, profession, or particular	-	Were as follows:
kind of work done, as SPINNER, Hanner SAWYER, BOOKKEEPER, etc		ac Delatation 1 3/28/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		heart
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant in this occupation	
	4	Other Contributory Causes of Importance:
(State ar country)	ud	
I 13. NAME David May	na Luay	
13. NAME DOWN VI. Y		Name of operation Oate of
(State of country)	lund	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Localda 16. BIRTHPLACE (city or town) (State or country)	Convivay	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	1	Accident, sulcide, or homicide?, 19, 19, 19
(State or country)	- Dur	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A CHESTA	nd meriay	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, UR KENOVAL	3/21 27	Manner of injury
Place College	ite	Natura of injury
19. UNDERTAKER Edward Lt	iptou,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Danjagtes	a man	If so, specify
20. FILEO. N. C. & 3. D., 19.3. L. & am	Well S. Miller Registrar.	(Signed) Manchester Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoniiis	3 days ago
Other contributory causes of importance:		Other contributes cover firm	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F Registration Dist. No. (If death occurred in a hospital or instituproperty classof certificate tion, glva lts NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. OR RACE 16 DATE OF DEATH MARRIED, Married may be ----pino Write the word) HEREBY CERTIFY, That I attended the deceased terms so that i that (Day) C and that deeth occured on the data stated above, 7 AGE Ilf LESS than peilddus 00 I day hrs. The CAUSE OF DEATH * was as follows: Ш 8 OCCUPATION ERV (a) Trade, profession or = W particular kind of work plal (b) General nature of industry business, or establishment in 2 (Duration) which employed or (employer) cal Impo Contributory MARGIN 9 BIRTHPLACE Secondary EAT (State or country) ğ 0 0 10 NAME OF FATHER b. 0 11 BIRTHPLACE (f) [L] S OF FATHER (1) 2 *State the Discase Causing Death, or, in Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) CAU 0 informati 12 MAIDEN NAME aenzler OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ iants or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER af death. yrs......ds. vrs.....mos. (State or country) 0 should of Where was diseasa contracted, 40 if not at place of death? Item Every Item CIANS sho usual residence. lf more b.anka are needed, addrosa State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Conk, Housemaid, etc. If the occupation has been changed er," etc., without more, Laborer—Coal mine, etc. laborer. Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation Salesman, (b) Grocery; Wom-

spinal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-1.obar Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart lallure, Liasure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., o unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, American Medical Association.) Whooping (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Nomenelature cough; Chronic etc. valvular heart disease; The contributory Measles

If this certificate is looked over thoroughly and all questions



STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH	H			108	
County Baltimore					Registration Dist. No. +3	
Village or City Overlea (IF				(lf	No. 12 Madeline Ave. St., death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of r	esidence in city	or town where d	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	s ds.
2. FULL N	AME KS	therir	ne Mille	r		
(a) Resid	ence: No1	L2 Made	eline Av		St., Ward. If nonresident give city or town and S	State
PERSO	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (world the word) WIGOWED					21. DATE OF DEATH March 27th, (Month) (Day)	193 2
5a. If marriad, wid HUSBANO of (or) WIFE of			Miller		22. I HEREBY CERTIFY. That I attended of march 25, 1932 to march 2	
6. DATE OF BIRT					I last saw h alive on 2 ccl 2 7 , 19 3 2	
7. AGE	fears 85	Months 11	0ays 14	If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at 10. P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Kind o SAWY	ofession, or parti of work dona, as ER, BOOKKEEPE or business in w was dona, as SIL WILL, BANK, atc	SPINNER, NC R, etc.	ne		Loba premois	2 day
- 1 111300	eased lest worke ccupation (month	d at	spa	ime (yeers) nt in this upation		
12. BIRTHPLACE (city or town) Carroll County (State or country) Md.			L1 Count	, y	Other Contributory Causes of importance: My Cardin Shufferere Vda	Vdas
13. NAME	Unkr	nown				
14. BIRTHPLACE (city or town) (State or country) UNKNOWN			nown		Name of operation	utopsy?
15. MAIOEN	NAME Ţ	Jnknowr	1		23. If death wes due to external causes (VIOL FICE) fill in also the following:	
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown			own		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. B. W. Sheeler (Address) 12 Madeline Ave.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Foster Cem. Oate Mar. 30, 19 32			Oate Mar	30, 19 32	Manner of Injury	
19. UNOERTAKER (Address)	74	101 Bel 32 /	lair Ros	lad fm (24. Was disease or Injury in any way related to occupation of deceasad?	W M. D
20, FILED O. J. A	19	0.42	- Calabarra de La	Registres	(Addrage) Exercis	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

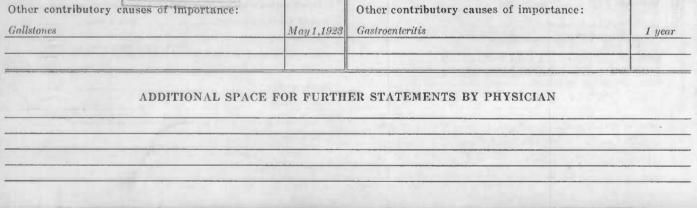
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERM ENI WITH UNFADING INK--THIS IS A PERM

MARGIN RESERVED FOR

WRITE

. N. B.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
2	Registration Dist. No. 3 3
Village or City Reisterstown Md. Mt. Per 2FULL NAME Mr. Louis Mils	leas ant Sanat St.: Ward) (If death occurred In a hospital or institution, eive Its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Granch 25, 1982 March (Month) 25 (Day) / 932 Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
October 27, 1898	Meloniary 18 1932 to March 25, 19233
(Month) (Day) (Year)	that I last sew h malive on 14 and 5, 1933
7 AGE If LESS than	and that death occurred on the date stated above, at 7.35 F.m.
33 yrs. 4 mos. 2 2 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Oulmonary Tubercilose
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, 4 mos de.
9 BIRTHPLACE (State or country) New York	Contributory Secondary (Duration) To mos de
10 NAME OF FATHER Samuel Milsky	(Signed) albert Fr. Shriet M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tilda Dronatsky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant)	Former or usual residence 2303 Callow averBo
	19 PLACE OF BURIAL OR REMOVAL 3 DATE OF BURIAL
(Address)	JEW York /18
Filed Make 25 19232 TYULCES Registrar	puch Juns In & Ballo It
If more hanks are needed, addre a State Registrar	16 W. Saratowa St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Y 8. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Disi. No. 42
Village or City Fausdone (No. 16)	Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Meh 14, 19232 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I arrended the deceased from 1923 2 to Mod (4, 1923) that I lay saw her alive on Med (3, 1923), 1923
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Myradal degenestin
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory My Carded Land
10 NAME OF Janklin Bynn	(Signed) M. E. M. C. 192 37(Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER Wellord Shown 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL MCLIG., 19
15 Filed Mel 1419232 Get Miles	20 UNDERTAKER BUNKO ADDRESS Sathifue Ray W Barber Southisher
if more bianks are needed, addre.s Ltate Kegistre	ar, 16 W. Sargtoga St., Balto., Requesting V. S. No. 1.

COBBA

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Houscwife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature letanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Series.	
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24	330 F	
1	100	
		- 3

1 PLACE OF DEATH

County Baltimare



STATE OF MARYLAND 3378 CERTIFICATE OF DEATH

maryland Line Confederate Soldier	Registration Dist. No.
VIIIage or City Pikesville (No. ,	St; Ward) St; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Month) (Day) (Year)	that I last saw him alive on Much 10 , 1982,
7 AGE 11 LESS than 1 day, hrs. 11 day, hrs. 12 ds. 13 dr. min. ?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry pusiness, or establishment in which employed (or employer) 9 BIRTHPLACE	Contributory Server aleganisal
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 U	(Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) D. T. Missel	Where was disease contracted, If not at piece of death ?
(Address) Pikesville, med	Loudon Park March, 1922
Fled Mar. 11 1982 Ja. E. E. Machola	20 ONDERTAKER Black 74xW Morth

16 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, us Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Cure should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Ferm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salosman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter stutement; it should be used engineer, Stationary fireman, etc. cian, Compositor, Architect, mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupathe second statement. Housework, or At Home, and children, not gainfully very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease LAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means or injury and qualify as accidental, and consequences (e. Struck by to determine definitely. SUICINAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for unlignant neoplasms); Measles; Whooping ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of or nuscarriage Always qualify all diseases resulting from childrailway train-accident; Revolver wound (secondary), 10 ds. The contributory (secondary or intercur-E., sepsis, telanus) may be stated as Examples: Accidental drowning; "PUERPIMAL sepliehaemia," Never report mere "Exhaustion,"

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is resential and must be obtained before the certificate is permanently filed.

2 193 AU V MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

•Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-Farm loborer, Loborer-Coal mine, etc. many occupations a single word or term on without more precise specification as Doy For persons who have no occupation, (b) Automobile foctory. The material Grocewy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumohia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping diseases resulting from childbirth or miscarriage (secondary or intercurrent) retanus) may be stated under the head of "contributory." carbolic acid-probably suicide. occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilwoy troin-"Exhaustion, American Medical Association.) "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic The nature of the injury, affection need not be etc. valvular heart Nomenclature The contributory " "Convulsions, disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

No.

PLACE OF DEATH	Si
County Baltime	(H) CEI
	ll aue, si
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED/LL WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	THEREBY CERT
7 AGE 68 yrs. 4 mos. 5 ds. ormin.?	and that death occured on The CAUSE OF DEATH * v
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Cauada	Contributory Ungo
10 NAME OF FATHER CLUBA CLEOVIS. 11 BIRTHPLACE OF FATHER (State or country) Carrada 12 MAIDEN NAME OF MOTHER Setsy White 13 BIRTHPLACE OF MOTHER (State or country) Carrada 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Discase Violent Caus s, state (Accidental, Suicidal or Ho 18 LENGTH OF RESIDER ients or Recent Resident At place of death yrs mos Where was disease contracted, if not at place of death?
(Informant) lus Clear Morris. (Address) Oak Poul (15 Fillfull 1932 Les Sullie fo	19 PLACE OF BURIAL OR 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C / St.: War	d) (if death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
<u></u>	****

	MEDICAL	CERTIF	CATE OF	DEATH	
6 DATE OF	DEATH		rich (1		
Dan	29	ERTIFY, T	hat I attend	d the de	ceased from
hat I last s	aw h lin	alive on	o stated abo	. 28	1932
			ollows:		

Contribu	tory Us	(Dura	oleal	Tus	suffice.
Second .	Ha	(Dure	ation)y	The	elin D.
3/3	0 1932	(Address)	910/1	ela	us Fer
*St. te Violent Accidenta	the Disc Caus s, state I, Suicidal or	ase Causing e (1) Mea Homicidal.	g Death, or ns of Injury	, in dea	aths from /) whether
	OF RESI		or Hospitals	, Institut	ions, Trans-
As mlace	yrsmoe		In the		mosds.

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

DORESS

If mora branks are needed, address State Registrar, 16 W. Saratoga St. Balto, Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," et ... should be used only when needed. As examples: a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the luborer, worked on may form part of the second statement. "Sever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Oceupation-Precise statement of oe-Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) eman, (b) Automobile factory. The without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer (b) material Grocery;

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect) to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrosphat, fever (the only definite synonym is "Epidemic cerebrosphat Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. A I the data is essent.al and must be obtained before the certificate is

permanently filed.

(Recommendations on statement of cause of death approved by Committee on If this certificate ie looked over thoroughly and all questions ·tetanus) may be stated under the head of "eontributory." "(Exhaustion," "Heart Innure," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and eonsequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicuemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (inerely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway traindiseases can be ascertained as the eause. stated unless important. (secondary or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic Example: Measles (disease etc. valendar heart Nomenclature of the The contributory Always qualify al discuse;

14

(Informant)

county	Baltimore		
		m (No. Academ;	
PERSON	IAL AND STATIST	ICAL PARTICULARS	
ale	White	B SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	ed
ATE OF BIR	тн		
	Dec embe		79 ear)
GE CCUPATION	52 yre. 2	mos. 20 ds or	
n) Trade, pro articular kind b) General na usiness, or es	ofession or d of work Fi sture of industry stablishment in ed or (employer)	armer	
(State or cou	ntry) Baltimor	re City Md.	
10 NAME OF	F	W.Mosner.	
OF FATH (State or	ACE ER	ore City Md.	
12 MAIDEN OF MOTH	NAME	Galster.	
13 BIRTHPL			

Mrs Erma M. Mosner,

Reisterstown Md.

MEDICAL CERTIFICATE OF DEATH TE OF DEATH hat death occured on the date stated above, AUSE OF DEATH * was as follows: econdary *Stree the Disease Causing Death, or, clent Caus s, state (1) Means of Injury cidental, Suicidal or Homicidal. or, desths and (2) whether NGTH OF RESIDENCE (For Hospitals, Institutions, Transs or Recent Residents) In the was disease contracted, at place of death? DATE OF BURIAL EDMONDSON AVE

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 33

(If death occurred in a hospitel or institution, give its NAME instead of street and

If more branks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

Registral



(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm luborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menicitis"; Diphtheria (avoid use of "Croup"; Typhoid fever (never reject "Typhoid Pneumonia"); Isbar yneumonia. Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory" approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death carbolic acid-probably suncide. The nature of theinjury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary Whooping Examples: Accidental drowning; Struck by railway train-. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," death), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

Every item of Tronnation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING WITH UNFADING INK-THIS IS A PERMANE FOR RESERVED MARGIN E PLA V. B. No. 1.

11

1 PLACE OF DEATH	STATE OF MARYLAND
13-14.	CERTIFICATE OF DEATH
County Later Co	CERTIFICATE OF DEATH
41 20 1	Registration Dist. No.
Village or City Salettripe (No. Inva	side aux. Ward) [If death occurred in
	a hospital or institution,
Jenne Menne Mul	than bb give its NAME instead of street and number.]
17755	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WARRIED	16 DATE OF DEATH
male white WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended deceased from
	, 191 X / to, 191,
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than	and that death occurred on the date stated above, at & m.
All Es vrs mas ds or min.?	The CAUSE OF DEATH was as follows:
113,	9, AV \
(a) Trade, profession, or	Myorashar degeneration
(b) General nature of Industry	J G G G
Dusiness, or establishment in A	(Duration) yra mos ds.
which employed (or employer) NHY 1300 as State	contributor Chenic Interstitute Reg
9 BIRTHPLACE (State or country)	Scondary
To sure of	Stalden deaf (stration), 400 mgs) 10. 4
10 NAME OF COMPANY MAN OHLOW	wind the successful de de Miller
11 BIRTHPLACE	Mch & 132 (Address) 42 Leeds and
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME.	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
of MOTHER Margaret Carnal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country) / Lemane	of deathyrsmosds. State,yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Il not at piace of death?
(Informant) has a Kuley.	Former or
61-69	usual residence
(Address) a 17 e augusta ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 /4/1	new Cathedral 3/1/3,701
Filed / Ch / O 1913 2 feet lefter	20 MIDERTAKER ADDRESS
CREGISTRAR	1 Hooley roang 13/8 right 81
If more blanks are needed, address State Registrar,	10 W. Safatoga St., Balto., Requesting V. S. No. 1.

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Approved by U.S. Census and American Public death Association.

cian, Compositor, Architect, Locomotive engineer Civil engineer, Stationary fireman, etc. But in many uses business, that fact may be indicated thus. Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home Care should be precise specification as Day laborer Farm leborer. Laborer mill; (c) Solemun, (b) Grocery (a) Foreman, (b) business or industry, and therefore an additional fine is provided for the latter statement it should be used especially in industrial employments, it is necessary to arst line will be sufficient, e. g., Farmer or Planter Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None state occupation at beginning of illness. or given up on account of the DISBASE CAUSING DEATH Housemuid, etc. engaged in domestic service for wages, as Servant Cook wife, Housework, or At Home, and children not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Haustkrepers of the second statement. Never "Foreman, 'Manager, "Dealer nobile factory. only when needed '4s examples (a) Spanar (b) often know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age Coul mine, etc. Statement of Occupation-Precise statement of occupamany excupations a single word or term on the For persons who have no excupation shatever The material worked on may form part If the occupation has been changed Women at home who are ougaged in Office than 03.6 if retired from Were mother Jahos,

Statement of Cause of Beath—Name, Jish, he share causing under the primary affection with espect to time and causation), using always the same accepted term for the same disease. Examples Conductorappid fater (the only definite synonym is "Epidemic crebrospinal meningitis"); Diphtheria (avoid use of "Croup") "yphoid fater (never report "Typhoid pneumonia") robar pneumonia Fronchopperamonia (Pneuronia, acqualifica e midefinite) "fuberculosis i ungs semi-

'name origin; "Cancer" is less definite; avoid use of jes, perilonaeum, etc., Caranoma, Barcoma, etc., of with a miscerringe as "Premperal septichdemad," genital," Example: Measles (disease causing death), 29 ds.; Bronnephrits, etc. The contributory (secondary or intereurrough; Chronic valoular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping and consequences (e.g., sepsis, telanus) may be stated nead-homicide, surgical operation was undertaken. For violent beaths hopneumonia (secondary), 10 ds Never report mere cent) affection need not be stated unless important suicide. The nature of the injury as fracture of skull to determine definitely Examples Accidental drowning suicidal, or nonicidal, or as probably such, if impossible thate MEANS IN INJURY and qualify as ACCIDENTAL, te. When a definite disease an he ascertained as the DHS, 'Ausemia" symptoms or terminal conditions. in statement of cause of death approved by Committee inder the head of "Contributory PHERPERAL perdonates," etc. State muse to, which "Heartiallure," Haemorrhege, Nomenclature of the American Medical Association by railway train-accident, Revolver wound of 'Old Age, Always quality all diseases resulting from anid-"Coma," "Senile." merely symptomatic), 'Atrophy 'Col-Poisoned by carbolic acid probably atc.) "Ornpsy Graemis, Weakness," Тпашнов, Мягазsuch as "Asthenia," (Recommendations Exhaustion,"

one all the data is socked over moroughly and in quesnee all the data is essential and east be obtained of the Che epiticate is permanently filed

STATE OF MARYLAND

	/ 1	00000
200	PLACE OF DEATH	STATE OF MARYLAND
>×	R PL.	
Im /	County / Jacks	CERTIFICATE OF DEATH
a - /		
20/		Registration Dish No. 44
35/	RII	
1-10	Village or City Slade (No. 100)	St.: Ward) (If death occurred in
9 00 1		a hospit I or institu-
Coa		stead of street and
[H >	2FULL NAME Mas Cana	number.)
75 1 7		
900	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CONTINUES OF BRIDE
200	TENSONIE MODELLAND	MEDICAL CERTIFICATE OF DEATH
9 20	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH AAA
22	MARRIED, MINUEL	MALE! 10 10221
~100	OR DIVORCEO	, 1,000
200	(Write the word)	(Month) (Day) (Year)
35.5	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
t r	M - 10 -06	
J - 00	11/1/12/18/8	/V/hr 16 1952 to May 19 , 1982
FI GE	(Month) (Day) (Year)	that I last saw her alive on My 18 13 132
545	(Month) (Day) (1ear)	that I last saw in the autre on 197
00	7 AGE [If LESS than	and that death occurred on the date stated above, at
205	na Il day hrs.	The CAUSE OF DEATH * was as follows:
9 8 8	35 yrs. 4 mos. ds. or min.?	1
Ta ES		
0 0 0	B OCCUPATION .	Armely Anymoula
Sea	(a) Trade, profession or	
> 0 4	particular kind of work	rumny remarks
= 5 +	(b) General nature of industry	2
3 - 2	business, or establishment in	(Duration) yrs. nos. 6 ds.
サーナ	which employed or (employer)	Draw week Wolvered
Do Tea	9 BIRTHPLACE	Contributory Secondary 4
7 7	(State or country)	3/18/32
CH	1 Frommer 1001.	(Dysation) Jyza. ds.
200	10 NAME OF D	XVIII (WA AVINIALIE
345	FATHER WIN IT U ENK	(Signed) M. D.
000	Lu continued	192 (Address) la Par & Home Um
om -	OF FATHER	
E OZ	Z (State or country)	*State the Disease Causing Death, down to the firm Ment Causes, state (1) Means of Injury and (2) Whyther Accidental, Suicidal or Homicidal.
040		Accidental, Suicidal or Homicidal.
HOST	12 MAIDEN NAME	NAME OF TAXABLE PARTY O
E 00	OF MOTHER MUSICAL TYPE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
245	13 BIRTHPLACE	ients or Recent Residents)
540	OF MOTHER ULIMINA	At place / In the
= "0	(State or country)	of death vrsds. State yrsmos. ds.
400		Where was disease contracted,
000	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
25.2		Former or usual residence Chesieb W. Roeley.
0 0 0	(Informant) John (1. Denty	
BE		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
350	(Address) Kosedale	At 1 Pala 1 3/2/1/ 27
2 2 0		1 -1 / 19-3
m 0 0	15 3/- a 2001 6 h M.	20 UNDERTAKER ABDRESS
-	Filed 3/20 1932 John J. Connelly	(1) (1)
20	Registrof	Down Ha Committed

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on 3/78 .. (b) Collon mill; (b) Automobile factory. The material For persons Stationary fireman, etc. But in many who have no occupation Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinally fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar procumonia, Branchaphaeusiania ("Pneumonia,")

American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL periloudis, "Inanition," "Marasmus, "Old Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiascertained; as the cause. Always qualify all death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be Carcinoma, Sarcoma, etc. The contributory valeular heart disease; etc., of

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

62224 STATE OF MARYLAND—CERTIFICATE OF DEATH

4 PLANT OF PRINT	CERTIFICATE OF DEATH VIOLATION
1. PLACE OF DEATH	93°C)
County 18 altimate	Registration Dist. No. 20
Village or City Catonarle offrence	7 Norare Hale Hosp. Castone will
Langth of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give it NAME instead of street and number) Ods. How long In U.S. if of foreign birth?yrsds.
Mino On.	
(a) Residence: No. 1014 2. Case (Usual place of abode)	St., Ward. Palks - Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Markeult	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Eliabeth Lensen Muses	22. HEREBY CERTIFY, That I attanded daceased from
	706 y 16 ,1932, 10 March 7,1932
6. DATE OF BIRTH (month, day, and yaer) / Lune 24 / Co. 7. AGE Yaars Months Days If LESS than	I last saw have elive on Please 1932 daath is said
7/ Q lady, l	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER	
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month and	00 M. 10 1-6 2.0.
work was done, as SILK MILL, SAW MILL, BANK, etc	Oh Myocarditas 20 day
11. Total tima (years) this occupation (month and	
year)	Dther Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Obeltwork	Differ Courses of Importanca.
(State or country) - 2014	alari Sclerosis Zodan
13. NAME Nicholas Rice	
14. BIRTHPLACE (city or town) Balto.	Name of operation Date of
(Steta or country)	What test confirmad diagnosis? Was thera an autopsy?
15. MAIDEN NAME Man Grines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Oak K	Accident, suicide, or homicide?Data of injury19
(Stata or country)	Where did injury occur?
17. INFORMANT Charles Might	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OP BEMDVAL	Manner of injury
Place Baltimore terr Date Mun / 0 , 19 32	Nature of injury
19. UNDERTAKER John Welling	24. Was disease or injury in any wey related to occupation of dacaasad?
(Address) 2008 Meyes ST	If so, specify
20. FILED	(Signad) Lotte Garrett M. D. (Address) Carrier Manuelle Mal
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 03385

1	. PLACE OF	DEATH			77 \		
			Registration Dist. No. 37 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of foreign birth?				
	Village or Cit	y Texas			No	St.,	Ward
	Length of resid	ence in city or town where	death occurred	(It	death occurred in a hospitator	sinstitution, give its NAME instead of street and .S. if of foreign birth?yrs	number) mosds.
-		TE John F					
-							
	(a) Residenc	e: No	(Usual piace	of abode)	St., Ward.	If nonresident give city or town ar	nd State
	PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICA	L CERTIFICATE OF DEATH	
3. 1	Male	4. color or RACE Colored	s. single, Mai or divorce Sing	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	March 6,	, 193_2 (Year)
5a.	If married, widowe HUSBAND of	d, or divorced					
	(or) WiFE of					EBY CERTIFY, That I attende	
	DATE OF BIRTH /-	nonth, day, and year)	unknown	1		on	
	AGE Year	s Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the dat	te stated above, at3m. F DEATH and related causes of Importance	
OCCUPATION	8. Trade, profess	8. Trade, profession, or particular kind of work done, as SPINNER, T.ahoner			word as follows.	Date of onset	
	SAWYER,	BOOKKEEPER, etc	Laborer	•	Chronic ne		
JPA	9. Industry or b work was	usiness in which dona, as SILK MILL, ., BANK, etc			Senility &	arterio-sclerosis	3
Ü	10. Data decease	d last worked at	11. Total	time (years)			
0		ation (month and		ent in this upation			
12.	BIRTHPLACE (city (State or count	or town)	mown		Other Contributory Causes		
2	13. NAME		nown				
FATHER	14. BIRTHPLACE		mown		Name of operation	Date of	
HER	15. MAIDEN NAN	u Unk	nown			sis? Was there ar nal causes (VIOLENCE) fill in also the followi	
MOTH		(city or town)Un]	nown			de? Oata of injury	
17.	INFORMANT	1 Texas,	Record			(Specify city or lown, county and Si irred in INDUSTRY, In HOME, or in PUBLIC F	ate) PLACE.
18.	BURIAL, CREMATI	on, or removal l to . Md .		3/32 ,19			
19.	UNDERTAKER (Address)	Baltimor	8₹ Md.		24. Was disease or injury in	any way related to occupation of deceased?	
20.	FILEO 3/7	/32, 19 B.R	Benso	n , Ir . Registrar.	(Signed)(3)	Gelseysuld Is	M. 0.

dea, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. SUNO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

5/5/32 BUREAU VS

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance			
Gallstones	May 1,1923	Gastroenteritis	1 days		
		1.7.5	0/		

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(Approved by U. S. Census and American Public, Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the Physician, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobilc fuctory. The material Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably smaide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "(Inanition, " "Marasmus, Ou Age, "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: A ceidental drowning; Struck by railway train— Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prewent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	03387
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1. PLACE OF DEATH	(23)
County Baltimore	Registration Dist. No. 3
Village or City EUDOWOOD SANATORIUM, TOWSO	N. MD. St., Ward
61	death occurred in a hospital or institution, give its NAME instead of street and number) s
9 500	
The state of the s	C4 Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR TVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 19 19 19 10 10 7 1932
6. DATE OF BIRTH (month, day, and yeer) Lear 10, 1887	liast saw her alive on Mer 7, 193.2; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased dat worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	Gilstone Tul. Ste. Sept, 1920
9. Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
W 13. NAME Jales Offers	
13. NAME John Office 14. BIRTHPLACE (city or town) Jalyana (Stata or country)	Name of operation Deta of
15. MAIDEN NAME Elley Wall	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Hospital RecordsPersonal History 17. INFORMANE UDOWOOD SANATORIUM, TOWSON, MD.	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Dato Duer 9, 133	Manner of injury
19. UNDERTAKER 03 & Det & Son	24. Was disease or injury in any way related to occupation of deceesed?
(Address) /36 n Junion au	If so, specify
20. FILED 19 Registrar.	(Signed) M. D. (Ardress) Eudowood San J. Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 7 1992	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			The second second second second		

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					82-0			
/ County Baltimore					Registration Dist. No. 38			
/ vii	lage or City_	Stonelei	gh		No. 2 W. Rodgers Forge Roard Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
/		e in city or town where d	_	8 10 ^{(If}	death occurred in a hospital or institution, give its NAME instead of street and number) 24 ds. How long in U.S. If of foreign birth?			
	T	and the second second			as. now long in 0.5. If of foreign birth?yrsmosas.			
li .		Annie R.			- 4			
(a)) Residence:	No. 2 W. R	Odgers (Usual place	Forge Ko	B.Q. St., Ward. If nonresident give city or town and State			
PI	ERSONAL	AND STATISTI			MEDICAL CERTIFICATE OF DEATH			
3. SEX	4.	COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH			
Fema	ale	White	Single	D (write the word)	(Month) (Day) (Year)			
5a. If mare	ried, widowed,	or divorced		10 YE (10 YE)				
	WIFE of				22 1 HEREBY CERTHFY, That I attended deceased from			
6 DATE O	F BIRTH (mor	ith, day, and year) Ap	ril 12.	1853	that any h alive an			
7. AGE	Years	Months	Days	If LESS than	to have occurred on the dete stated above, at 1/2 - Q. m.			
	78	10	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8. Tr	rade, profession	, or particular			Carefral Semonders 3/1/2-			
50	SAWYER, BO	done, as SPINNER, OKKEEPER, etc	Reti	red	7.77			
OCCUPATION 9. 0.	dustry or busi work was do	ne, as SILK MILL,	chool T	eacher				
D 10. Da	ate deceased la	st worked at	1	ime (years) nt in this				
01	this occupation year)	on (month and	spa 0601	nt in this				
12 BIRTH	PLACE (city or	town) Ba	ltimore		Other Coutributory Causes of Importance: Hypotherical			
	tate or country)	Ma	ryland		Y			
요 13. N/	AME A	lexander P	ackie					
H 14. BI	RTHPLACE (cit	y or town)			Name of operation Dete of			
	(State or cou		otland		What test confirmed diagnosis? Was there an autopsy?			
15. M	AIDEN NAME		ford Wel	.ch	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. M.	RTHPLACE (cit) 0, (0,111)	timore		Accident, suicide, or homicide? Date of injury, 19			
	(State or cou		yland		Where did injury occur?(Specify city or town, county and State)			
17. INFORMANT Mrs. Lillian P. Schumann (Address) 2 W. Rodgers Forge Road					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury			
Place Green Mount Cempate 3/8 1932					Nature of injury			
19 UNDER	TAVED MI	senty U.	Mear	say San	24. Was disease or Injury In any way related to occupation of deceased?			
	HANER -	54, 1 Cal	evert.	81.	If so, specify			
20 FILED	MUL T	132 0	-me P	Butter	(Signed) Mensey O'Nthay M. D.			
Lo. TILLED			6,	Registrar.	(Address) 2509 St. Paul Oth			
		If more	blanks are needed, a	dates State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TE THE WIN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Decaused Los Lean under my Care at interns for several years.
strole. Lex son her couple of months or on ago. The lines out
about hour in posent attack, death orcing before I could !

CAUSE mation

TION

(Address)

state

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred, (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of .. 1931 to may 25 I last saw h ____ alive on ____ 6. DATE OF BIRTH (month, day, and year) Months 7. AGE If LESS than to have occurred on the data steted above, at-Years Devs 1 dey, ... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Oate of onset 8. Treda, profession, or particular OCCUPATION kind of work dona, es SPINNER; SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked at II. Total time (years) this occupation (month and spant in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was thera an aulopsy? <24 MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18 BURIAL, CREMATION, OR Manner of injury Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address) _____

24. Was disease or injury in any way related to occupation of deceased?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, 'mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis "	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of infor B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

V. S. No. 1

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STATE	OF	MARYLAND-CERTIFICATE O	F	DEATH
ATH				

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Ballimore	Registration Dist. No.
Village or City Middle River	No. St, Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
11-11 1)	mos
2. FULL NAME Hill Jorn Sabe	rala (Mislon
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO OR DIVORCED (write the word)	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 22" 1932	/ I last saw h alive on , 19 ; death is said
7. AGE Yaars Months Days If LESS that	
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-1101
Q Industry or business in which work was done, as SILK MILL.	Hillon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this compation (month and thi	
this occupation (month and yaar) occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E BUT P 941	A November 2011
14. BIRTHPLACE (city or town) Dallimore Co. VILW (State or country)	Name of operation Oata of What test confirmed diagnosis? Was thar an autopsy?
15. MAIOEN NAME Margaret Preston	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Treston 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury19
(State or country) Ballimore Co. Mod	Where did Injury occur?
17. INFORMANT Ida Preston (Address) Middle River Md	(Specify city or town, county and State) Specify whather Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chase 2nd Oate 8/23,193	
19. UNDERTAKER FIRST PROTECTIONS	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO \$/2-, 193 - Jon 5- Connelly Registration	(Signad) Jacob Wallman Coroner M. D.
Registrat.	" (Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	W. Arribania	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PHERAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

		00001	
PLACE OF DEATH	STATE OF I		
County Sall	CERTIFICATE	OF DEATH	
O(1, 1)	Registration 1	Dist. No. 37	
Village or City Sarks (No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	OF DEATH	
male with the street of single, married, wildowed. Married or Divorced (Write the word)	16 DATE OF DEATH 3	25, 1932	
6 DATE OF BIRTH / 6 20, 1854	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 12 122 to March 25, 192		
	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	/ / /	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Valrular Arach (Duration)	Creare de	
10 NAME OF FATHER Samuel In Processing State or country) 11 BIRTHPLACE OF FATHER (State or country) (State or country)	Contributory Secondary (Signed) (S	or, in deaths from jury and (2) Whether	
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospit lents or Recent Residents) At place In the	eyrsmosds	
(Informant) Harry matthers (Address) Sarks Sud	Former or usual residence	DATE OF BURIAL	
15 Filed Mard 26 1932 By Burns	20 MOERTAKER 20 MOERTAKER Brooks of In	ADDRESS Land	

If more bianks are needed, addess State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more proving laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewijc, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measlcs (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A)		r, PHYSI- ed. Exact
	TE PLAINL WITH UNFADING INK-THIS IS A PERM KENT RECORD	-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	ENT	uld be stated as a property back of ce
FOR BIN	IS A PER	3. ACE sho so that It nructions on
MARGIN RESERVED FOR BINDING	INKTHIS	ulfy supplied plain terms of, See inst
ARGIN RE	INFADING	ld be carefu DEATH In
M	WITH L	CAUSE OF
•	E PLAINE	ould state
1.0	TAN	Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	S
	County Balto.	23 CE
Vil	llage or City Colgate (No. Caster	-0
	2FULL NAME Frances Pri	òl
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 1	OATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CER
7 /	7 / yrs. 7 mos. 2 / ds. ormin.?	and that death occurred o
- P	a) Trade, profession or articular kind of work b) General nature of industry usinees, or establishment in which employed or (employer) BIRTHPLACE (State or country) Checks Slovalaria	Contributory Secondary
RENTS	10 NAME OF FATHER Thomas Velenovsky 11 BIRTHPLACE OF FATHER (State or country) Checkes Dervakia	(Signed)
PA	OF MOTHER Penkerown 13 BIRTHPLACE OF MOTHER (State or Country) Checks Dovaleia	16 LENGTH OF RESIDEI ients or Recent Residen At place of deathyrsmos Where was disease contracted,
	(Informant) Mary Pospecial (Address) Eastern are Gyt,	Former or usual residence
i5	3/- 3/ 6/0	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 44

relive. at St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH march 7	<u> 3</u> , 19 <u>9</u> 2
that I last saw how alive on Mondo	arch 23, 132.
The CAUSE OF DEATH * was as follows:	i above, at am,
Pulmany	Tulenulosis
Contributory (Duration) Secondary Signed)	yre (moe de,
*State the Disease Causing Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths frem aligny and (2) Whether
6 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place In the fideath yrsmosds. Sta	teyrsmosds,
Where was disease contracted, f not at place of death?	
Former or issual residence	
9 PLACE OF BURIAL OR REMOVAL Holy Redeemer	DATE OF BURIAL 3/28/, 1934
John & Connelly	ADDRESS

If more branks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specifications. The laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement. Physician, For many occupations a single word or term on yrs). Compositor, For persons who have no occupation Architect, Locomolive engineer, ""Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. N Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where deeth securred ___mos.__ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, 21. DATE OF DEATH 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of r 26 1903 - death is said certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 1 day,hrs Date of onset Trado, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION JO back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked et 11. Total time (years) on spent in this this occupation (month and occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation LION Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? ///U 19. UNDERTAKER (Address) If so, specify markezzo 3 Z eg strar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	cample I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	APR 6 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BURHAU V.	S.			
				1	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 03895
1. PLACE OF DEATH	83
County Maltinos	Registration Dist. No.
Village or City Coatonoulle St	runno Trovo Hospital St., Wa
Length of residence in city or town where death occurredyrs,	(II death occurred in a horpital or institution, give its NAME instead of street and number) mos. 3 ds. How long In U.S. if of foreign birth? grs. mos.
2. FULL NAME Charles Role T	Balto Co.
(a) Residence: No. 124 Satapaco (Usual place of abode)	St., Ward Dundalk Dia
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
HUSBAND of Zelma Duda Robert	22. I HEREBY CERTIFY. That I attended deceased for mek 7 1932, to Mchilo 193
6. DATE OF BIRTH (month, day, end year)	1 last sew ham alive on Mach 10 1932 death is s
7. AGE Years Months Days ILLESS	21/00
31 3 244 1 dey,	- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Date of on
SAWTER, BUONNEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Leveral fareses 14
10. Date deceased last worked at this occupation (month and yeer) spent in this occupation	2 (from the Rickory)
12, BIRTHPLACE (city or town) (State or country) Month Carel.	Other Contributory Causes of importance:
13. NAME TAD. 19. Roberto	a Cerimal Efficien Bla
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Colored do	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Bembard	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country) Key York	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT ly aleth lasterly	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 177. Carmella Date 11 ach 13, 1	Nature of Injury
19. UNDERTAKER July Hile Inches	24. Was disease or injury in any way related to occupation of deceased?
9/ 9/10/10	(Signed) Robbi E. Tangett- M
20. FILED 21 1 192 2 Attaliane	(Signet)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Months If LESS than Davs to have occurred on the date stated shove at I day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importence or ____ min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... [9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11, Total time (years) this occupation (month and spant In this & occupation ... Other Cautributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_____ Was there an eu opsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide; 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Wes disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify

(Address)

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Cerebral hemorrhage 1 APR 2 1932	July 5,1927	Peritonitis	3 days ago		
BURRAU V. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or	City U	ungs	hillo (N	lo. /	sewood	Stale	Training	School
		0	P	-	01	•	7	

(If death occurred in hospital or institu-ion, give its NAME ir-itead of street and

2FULL NAME Lawrence Robi	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH March 9, 1927 (Month) (Day) (Year)
Opening 16, 1913 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 17 1924 to week 9 , 1932, that I last saw h was alive on work 9 , 1932,
7 AGE 19 yrs. 0 mos. 22 ds. or min.?	
8 OCCUPATION (a) Trade, profession or Sumula: Rosework particular kind of work (b) General nature of industry Owingshills business, or establishment in which employed or (employer)	Paraplegic Speleptic Duration) Congestitude de. Contributory Bronche-Priessima
9 BIRTHPLACE (State or country) Baltimore Jud - 10 NAME OF FATHER Joheph Thomas Robinson 11 BIRTHPLACE OF FATHER (State or country) Balts Co. Jud. 12 MAIDEN NAME OF Margarel Juc Entee 13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Jud -	(Signed)
(Informant) Premod State training (Address) School; owings) mills, Ind. Filed Mul- 10 1932 Juntalabu	Where was disease contracted, at Place of Death if not at place of death? Former or usual residence. Baltime, ml. Date of Burial Roseword Centry March 9, 1932 20 UNDERTAKER ADDRESS MA

If more blanks are needed, address tate Registrat 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

UNFADING INK--THIS MARGIN RESERVED Every Item of information of CIANS should state CAUSI statement of GCCUPATION

RECORD

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in plain terms so that it may be properly classtant. See instructions on back of certificate. should PERM

Important,

OF

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many Statement tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servany, Cook, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Farm loborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (ve Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, or At Home, and children, not gainfully em-For many occupations a of Occupation-Precise statement of oc-For persons who have no occupation (b) Automobile foctory. The material single word or term on The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEARC CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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permanently filed.

approved by Committee on Nomenclature of the American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, curbolic ocid-probably suicide. The nature of the injury, "Exhaustion," "Heart Tallius," "Old Age," "Shoek," "Ananifion." "Marasmus," "Old Age," "Shoek," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (seeondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and a'l questions nawdred in detail, it will prevent further correspondence. All the pata is essential and must be obtained before the certificate is "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvulor heart disease; ete. The contributory not be

V. S. No.

19. UNDERTAKER

(Address)

20. FILEO 1982 1982

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03398	8
County Saltanor Y	Registration Dist. No. 38	- d
Length of residence In city or town where death occurred yrs, mos 2. FULL NAME Myntle Vicymia M	death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No. 946 77. Calvest (Usual place of abode)	St., Ward. State of nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) There or Divorced (write the word)	21. DATE OF DEATH in arch (Month) (Oay) (Year)	
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 13ecember 14,1932 to march 13,1932	
6. DATE OF BIRTH (month, day, and year) Feb. 5, 19x3 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, et !! #59 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence	id _
8. Trede, proféssion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Bate of onest 13 ran cheschasis 10/2 19.31	5
O 10. Dato deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Reutport Nowo Va. (State or country)	Other Contributory Causes of Importance: Cerlinal Embolished march	R
# 13. NAME Refus Rose	13,143	2
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of Whet test confirmed diagnosis? Was there an au opsy?	-
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME Mary Duka (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19	-
17. INFORMANT Otopical Records Africany (Address) Canbowood Jose,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Douglass Date 3 - 1/4 ,1982	Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Registrar.

9.

24. Was disease or injury in any way related to occupation of deceased?_

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Example II		
death and related causes ollows:	Date of onset	
	1 week ago	
	1 week ago	
	3 days ago	
es of importance:	1 year	

V. S. No. 1

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RECORD	ed EXACTLY,	ns so that it may be properly classified. Exact
ENL	be stat	be prop
PERM	should	t it may
IIS IS A	ied. ACE	ns so tha
	HIS IS A PERM ENT RECORD	IIS IS A PERM ENT RECORD IN ACE should be stated EXACTLY, PHYSI-

	1PLACE OF DEATH	STATE OF MARYLAND
1	County Baltimore	93-C CERTIFICATE OF DEATH
/	The Popla	Registration Dist. No. 30
Vil		Road near Nunnery St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	Male White Single, Married Widowed. Married (Write the word)	Mai 11 1 9 1000 , 102
6 [DATE OF BIRTH	(Month) (Day) (Year)
	February 20, 1875 , 1 (Month) (Day) (Year	angust - 193 1 to March - , 1932
7 4	AGE If LESS the	hrs. The CAUSE OF DEATH * was as follows:
2 (1 b)	occupation (a) Trade, profession or particular kind of work (b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 E	State or country) Parkerburg, W. Va.	Secondary (Duration) yrs. mos. ds.
	FATHER Edward Rossmann	(Signed) M, D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	of Mother Otillie Trendelenberg	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Brooklyn, N. Y.	ients or Recent Residents) At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Mrs. Nellie F. Rossmann The Poplars	usual residence
	(Address) Frederick Road near Nunnery I	
15	2 Stonsville Md	20 UNDERTAKEN 1003 West Baltimore St.
	If more bianks are needed, addle s the Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation

Starement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

permanently filed.

anguered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease American Medical Association.) If this certificate is looked over thoroughly and al qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature or intercurrent) Chronic valvular heart etc. The contributory affection need not be disease;

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT READED. EVERY LE	shund be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA	in praint terms, so that it may be properly classified. Exact statement of OCCUPATION is very	instructions on back of certificates.
P	7	1	1

oc-12-23-21-E.B.R.S400 Bks.	
HEALTH DEPARTMENT	-CHY OF BALTIMORE County.
CERTIFICATE	OF DEATH. 93-C
1-PLACE OF DEATH	Registered No.
2-FULL NAME Kate Rusch	(If death occurred in hospital or instituting give its NAME institution of street and number.)
	glick Conserd. Ward and down. (If non-resident give city or town and State ds How long in U. S., If of foreign birth? 26 yrs. 2 mos. ds.
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
X, 4-COLOR OR RACE, Married, Marnid	16-DATE OF DEATH (month, day and year). March. 7-19

eı	2-FULL NAME Kate Rusch	hospital or invitation
Lei	(a) Residence No Calutus av. Eu (Usual place of abode) ngth of residence in city or town where death occurred // yrs. mos.	glier Consend. Ward and down. (If non-resident give city or town and State) ds. How long in U. S., If of foreign birth? 26 yrs. 2 mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS,	MEDICAL CERTIFICATE OF DEATH.
3-SE	SX, 4-COLOR OR RACE, Married, Warned Wildowed, or Divorced, (Write the word.)	16-DATE OF DEATH (month, day and year). March. 7-193:
5a-Ii	f married, widowed, or divorced William Rusch.	, 19, to
	ATE OF BIRTH (month, day and year) Lept . 14-1871	and that death occurred, on the date stated above, at
7-A0		The CAUSE OF DEATH* was as follows:
	. 6. U. yrs. 5mos. 20. dshrs. ormin.?	
	CCUPATION OF DECEASED Trade, profession, or particular Auseurof t.	Chronic Myocarditis
(c)	General nature of Industry, business, or establishment In which employed (or employer)	(Duration) 2. yrs. inos. ds. CONTRIBUTORY Pulmonary Oldens (Secondary)
9-B1	RTHPLACE (city or town)	(Duration)yrsmosds.
	10-NAME OF Schusch	18-Where was disease contracted If not at place of death?
S.L.S.	OF FATHER (city or town). Brheinia	Did an operation precede death: 40 Date of Was there an autopsy?
PAREN	12-MAIDEN NAME OF MOTHER, Lukurur	Went test configuration from 2. Setton L. S. Brown, M. D.
	13-BIRTHPLACE OF MOTHER (clty or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental,
14-	(Informant) Milliam Rusch	Suicidal, or Homicidal. (See reverse side for additional space.) 19-PLACE OF BURIAL, CREMATION OR DATE OF BURIAL.
	(Address). Lawsdorine	REMOVAL S/9 1932
15- Filed	Acl 9 3r elemberfu	20-UNDERTAKER, ADDRESS

[Approved by U. S. Census and American Public Health Asso.]

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who sons who have no occupation whatever, write None. report specifically the occupations of persons engaged in domestic service for wages, as Servant, salary) may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only additional line is provided for the latter statement; it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. pecially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an indicated thus: Farmer (retired, 6 yrs.) For illness. If retired from business, that fact may be CAUSING DEATH, state occupation at beginning of changed or given up on account of the DISEASE Cook, Housemaid, etc. If the occupation has been Stationary Fireman, etc. But in many cases, esword or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, The question applies to each and every person, irrespective of age. For many occupations a single occupation is very important, so that the relative (not paid Housekeepers who receive healthfulness of various pursuits can be Statement of Occupation .- Precise statement of a definite known. per-

symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always ical Association.) under the head of "Contributory." (Recommendatrain—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. accidental, suicidal, homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway DEATHS state MEANS OF INJURY and qualify as gical operation was undertaken. miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surqualify all diseases resulting from child tributon (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneudisease; Chronic interstitial nephritis, etc. The con-Committee on Nomenclature of the American Medtions on statement of cause of death approved by The nature of the injury, as fracture of skull, and monia (secondary), 10 ds. Never report mere For VIOLENT birth or

Additional Space for Further Statements by Physician.



PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. R CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. BINDIA 4 IS FOR PLAINLY, WITH UNFADING INK-THIS RESERVED ROIN

PLACE OF DEATH	STATE OF MARYLAND
Talting	CERTIFICATE OF DEATH
County Lawrence	[3]
011	Registration Dist, No.
Village or City Oaklee (No. 108	Leeds ans.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Elizabeth do	Saffron
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE,	18 DATE OF DEATH Mel 32/ 109
Jenale Mule WIDOWED, Medow ORDIVORCEO (Write the word)	(Month) (Day (Year) 17 HEREBY CERTIFY. That attended decessed from
DATE OF BIRTH	
Meh 20 ,863	, 191, to, 191,
(Month) (Day (Year)	that I last ssw hslive on
⁷ AGE If LESS than	and that death occurred on the date states above, at 7-40 m,
69 yrs	The CAUSE OF DEATH * was as I low .
S OCCUPATION	
(a) Trade, protession, or	Myo cardeal degeneration
particular kind of work	1 1 0 1 1 1 1
business, or establishment in Mulius	(Duration) yrs mos ds.
which employed (or employer)	10 NOL -10 to the 10-10
9 BIRTHPLACE (State or country) Maryland	Secondary (Buration) Vers. mos. ds.?
10 NAME OF PATHER ON SOLUTION OF SOLUTION	(Signed) (Buration) yrs mos ds.?
O 11 BIRTHPLACE	McL 20 1932 (Address) + 2 Leeds an
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME / A Rose A.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
a of MOTHER Varother Russy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE /C/	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) I'm Tietmann	Former or
108 Les de an	usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 M. 1 26 37 8 Mat . 1/2	Pyndertaker Appress 4)
Filed (L , 191) L Self Company	WINDERTAKER 12 PRESS FU
HE more blanks are moded address State	recalrees A You Jourbard
II more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

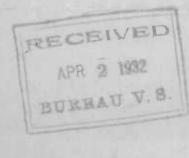
[Approved by U. S. Census and American Public Health Association.]

mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie ecr" is less definite; avoid use of "Tumor" for malig-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," affection need not be stated unless important. canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease cansing " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on "Dropsy," death), 29 State cause for "Exhaustion," statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of inforof OCCUPA. Exact statement WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

	RYLAND—	CERTIFICATE OF DEATH	02
1. PLACE OF DEATH		93-2	,
County Allen	(Registration Dist. No. 4	
Village or City Kaus done	ul	NpSt.,	War
Length of rasidence in city or town where daath occurred	/	f death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?	
2. FULL NAME (L'Algel &	sungo c		
(a) Residence: No. Your Claus place	ce of abode)	St., Ward. If nonresident give city or town and Sta	te.
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	the second
fruit mule OR DIVORG	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 29 (Month) (Day)	93 Z (Year)
5a. If marriad, widowad, or divorced Widowed HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended dac March 27, 1932, to March 29	aased fro
6. DATE OF BIRTH (month, day, and year) April 1 -	1859	I last saw h. Dr. aliva on Masch 28 1932; d	eath is sai
7. AGE Years Months Days 7.2 11 29	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this pre	ul	DA	3yea
work was done, as SILK MILL, SAW MILL, BANK, atc.	•		
	time (years) ent in this cupation		
12. BIRTHPLACE (city or town) . Ballunia. (State or country)		Dther Contributory Causes of importance:	
13. NAME Thomas Dutelia.	1.		
13. NAME Thomas Dutchar: 14. BIRTHPLACE (city or town) Sala. (State or country)	Pud.	Name of operation. Whet test confirmed diagnosis? Hetteaurth. Was there an auto	nev? We
15. MAIDEN NAME Victoria Pre	and.	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?	
(Stata or country) 17. INFDRMANT Mamie Dever	/	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Data Mo	ech 3 1932	Mannar of injury	
19. UNDERTAKER William Cook (Aggress) 12/7 St Baul	Street,	24. Wes diseasa or Injury in any way related to occupation of daceased?	٤٥
20. FILED March 23932 Sem	Kiefferar.	(Signed) Media Avaion (Address) Halelton (Signed)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related of importance were as follows: Attack of epilepsy	ted causes Date of onset NETO A 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	7. Ha 1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		- lasa	1503
Other contributory causes of importance:		Other contributory causes of important	ce:
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	TS BY PHYSICIAN	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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MARGIN RESERVED FOR BINDING	ILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
R BI	A PE	ed E	erly
) F0	SIS	stat	prol
BRVEI	K-THI	hould be	may be
RESI	ING IN	AGE S	o that it
ARGIN	UNFAD	ipplied.	terms, s
M	WITH	efully su	in plain
	LY,	car	TH

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_______mos.___ (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. if married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Days Years Months If LESS than 1 day, hrs. or____min. were_as follows: Date of onset 8. Trade, profession, or particular march 20 OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ See instructions on back of 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Received exercises. Was there an autopsy? MOTHER FION is very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 7 Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Luthervel (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. mation should OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury AUSE Nature of injury. 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify ż _ Registrar. (Address) _.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAUVE			
Sand and American Conference of the Conference o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATE	-
SIAIL	OF	MAKIL	-AIND	CENTIL			DLAII	ш

1. PLACE OF DEATH	82-0 (340)
County Balto	Registration Dist. No. 4.2
Village or City Sullarton	No. Henry ave St. Ward
(If	death occurred in a hospital or inditution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hanna Shipley	
(a) Residence: No. Henry ava Fullar to	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White	21. DATE OF DEATH Man 20 2 (Year) (Month) (Day) (Year)
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Claron Shipley	22. I HEREBY CERTIFY, That I attended deceased from Mark F 19.1 L to Mark 20 19.3 L
6. DATE OF BIRTH (month, day, end year) War 26 1844	I last saw har alive on Muscl 19, 19 32; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
87 11 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Cof Trome	heretal remarkage 3day
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) Waryland	D-li P-li
	Warm with
E	
[14. BIRTHPLACE (city or town)	What test confirmed diagnosis 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
20m 21 84:48	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Avery ave Fuller for Md.	Specify whether injury occurred in the borns, in from E, or in robe to read E.
19 PUDIAL CREMATION OF PEMOVAL	Manner of injury
St Many & Hampden Crusting Mar 22 1932	Neture of Injury
Wim Cook	24. Wes disease or Injury In any way releted to occupation of deceased?
19. UNDERTAKER (Address) 1217 St Paul St	If so, specify
al watt ma	(Signed) Erlift Bluson, M.D.
20. FILED Of del 1902 South Fred 1/6 Registrar.	(Address) Oreles Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU T. B.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

	PLACE OF DEATH	STATE OF MARTEARD
1	County Ballimore	CERTIFICATE OF DEATH
		Registration Dist. No. 7843
V	illage or City Glew Cerni R. TNO M. 1 2FULL NAME Beulsh Laverne	Sund Pd. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mach 26, 19832 (Nonth)—(Day)—(Year)
6	DATE OF BIRTH July 19, 1929	17 I HEREBY CERTIFY, That I attended the deceased from March 23 1922. to March 96, 1920
	(Month) (Day) (Year)	that I last saw h Mailve on March 45, 1923
7	AGE [If LESS than	and that death occured on the date stated above, at
	ds or min.	The CAUSE OF DEATH * was as follows:
1	OCCUPATION (a) Trade, profession or particular kind of work	Whooping cough
465	(b) General nature of industry	alast
3	business, or establishment in which employed or (employer)	4 Duration 4th year 1 mas -
9	(State or country) Ballo. Ceo. Md.	Contributory Secondary Contributory Secondary (Duration) yrs
-	FATHER August & dward Simms	(Signed) G. M. Beau M. 3/26 1983 2(Address) Parkirkly M.
OFINE	of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
0	OF MOTHER Hilda Bell Helrick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
0	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) august 6. Simms	Former or usual residence
	0010 (1270	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0	(Address) Men Man (1)	20 UNDERTAKER A ADDRESS
1	Filed 3/26 19232 Du tanto ME	Troda cho Consoluti Jone 740 1 Belon

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on or especially in industrial employments, it is neces-Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile Laborer-Coal mine, etc. Womfactory. The material not gainfully em-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebros pindt Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarholic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonilis," diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," Old Age, Show, "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; approved learnus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage by Committee on or intercurrent) " "Marasmus, " "Old Age, " "Shock," Chronic Example: Measles (disease etc. affection need not be valvular heart disease; Nomenclature of the The contributory Measles ; 22

answered in defail, it will prevent further correspondence duta is exential and must be obtained before the cert certificate is looked over thoroughly and all questions must be obtained before the certificate is Althe

V. S. No. 1

STATE	OF	MARYL	AND-	CERTI	FICATE	OF	DEATH
01/11	01	HATA AT A Y	ALLAN	CLITTI	IOITE	O I	DEALL

6.	0,	A	68	104
0	1)	43.	U	16
-	4	-	0	

1. PLACE OF DEATH			00/
County Baltimore	•••••	Registration Dist. No.	38
Village or City Towson		No. 100 E. Burke Avenue St.	Ward
Length of residence in city or town where death occurred	20 yrs mos	f death occurred in a hospital or institution, give its NAME instead of street an s. How long in U.S. if of foreign birth?	d number)
2. FULL NAME Edward W. St	evenson		
(a) Residence: No. 100 E. Bur	ke Avenue	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIVO	MARRIED, WIDOWED, PRCED (write the word)	21. DATE OF DEATH March 31 (Month) (Day)	, 193_2(Year)
5a. If married, widowed, or divorced HU3BAND of			(1)
(or) WIFE of Emma J. Har	tman	22. I HEREBY CERTIFY, That I attended March 20, 1932, to March 3	d deceased from
6. DATE OF BIRTH (month, day, end year) May 7,	1871	I last saw h. Ma alive on March 3 (193.	
7. AGE Years Months Days		to have occurred on the date stated above, at 2_ Pm.	
60 10 2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
SAWTER, BOOKREEFER, etc.	orist	Broncho - Pneumis	2 da
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			1
10. Oate decessed last worked et this occupation (month and year)	otal time (years) spent In this occupation		
12. BIRTHPLACE (city or town) New Jer		Other Contributory Causes of Importence:	11 days
Taname John H. Stevens	on		
13. NAME John H. Stevense 14. BIRTHPLACE (city or town) Maryla:	nd	Name of operation Dete of What test confirmed diegnosis? Cline Was there a	
		23. If death wes due to external causes (VIOL ENCE) fill in elso the follow	
15. MAIDEN NAME Annie L. Cotti: 16. BIRTHPLACE (city or town) (State or country) Marylan		Accident, suicide, or homicide? Date of Injury Where did injury occur?	0
17. INFORMANT Mrs. E. J. Steven		(Specify city or town, county and S Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC I	rate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Presbyterian Centage	1/2 19 32	Manner of Injury	
19. UNDERTAKER Mentry W me (Address) 805 y. Calvery	ales any Son	24. Was disease or injury in any way related to occupation of deceased? If so, specify	us
20. FILEOfril 1 , 1902 The A	Buller Registrar.	(Signed) (Address) ST Puello	- Hmo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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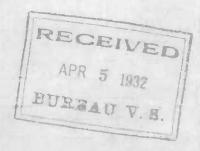
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BURRAU	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
44.1			

N.B.--Every wend of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED FOR WRITE

V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND 3408
County Ballinger	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Catoursulle (No. ofit	Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEY A COLOR OF BACE 5 SINGLE.	16 DATE OF DEATH
funale while or DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH + 1110 26 1973	17 I HEREBY CERTIFY, That I attended the deceased from 19231. to 19234.
(Month) (Day) (Year)	that I last saw h lu alive on waish 7 , 19232
7 AGE If LESS than	
58 yrs. 8 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	reselval Hemorchago
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos S. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER SALL HEAD CHARLE.	(Signed) markall B wish M. D.
M 11 BIRTHPLACE	Wall J 1923? (Address) allowills will
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ypobelle Hough	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. J. mosds. la the State 30 yrs mosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Da il Stra	Former or usual residence.
(Informant) 2000 Sulf (Address) 3142 Elmona ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 10, 1932
15 Filed 3/8 1932 Ablugher	20 UNDERTAKER (1) M Justine Porthera
If more banks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



8 Beaumont

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (0) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serund, Cook to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the wisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of carse of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, vorbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) Chronic interstitial nephritis, use of "Tumor" inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," for malignant neoplasms); Measles; Chronic Example: Meosles (disease etc. The contributory affection need not be valvular heart diseose; Nomendature of the

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RD. Every item of infor YSICIANS should stat statement of OCCUPA	Village er City & atomacile Village er City & atomacile Village Presidence In city or town where death occurred Vis & Carrolla Vis & Carrolla Vis & Carrolla Village Presidence: No. 38/9 Nussamme	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 25 ds. How long In U.S. if of foreign birth?	Vard ds.	
PHYSI PHYSI act star	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	and the second	
Ex.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	ED. 21. DATE OF DEATH	7)	
BINDIN PERMAN EXAC y classifi tte.	HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, def, and year) 7. AGE Years Months Deys If LESS 1 day, 0rmi	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	3 2. said	
SERVED NK—THIS should be it may be on back of	8. Trede, profession, or perticular kind of work done, as SPINNER bracke from the SAWYER, BOOKKEFPER, etc. bracke from the work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deto deceased last worked at this occupation (month and spant in this	Ray Chr Endo cardition 6m	-C/-	
FADIN ied. Ans, so	12. BIRTHPLACE (city or town) (State or country) 2 13. NAME Chas	Other Contributory Causes of Importance: Pulm, Octoma 250	brec	
D H T a	14. BIRTHPLACE (city or town)	Name of operation Date of		
O2 = T	(ottor of country)	What test confirmed diagnosis? Was there an autopsy?		
INLY, be car EATH import	15. MAIDEN NAME Come Goods. 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 28.7.0 Here Access	23. If death was due to exteroal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
w w	18. BURIAL, CREMATION, OR REMOVAL Place Coch Lawn Date Mar. 30.,1	9.3.2 Manner of injury		
N. S. We. 1 M. B. — WELL Mation S CAUSE TION is	19. UNDERTAKER Africa F Demonstration (Address) 20. FILED Regis	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	.M. G	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIN

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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S 28 LL T LANGE AND

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 wear

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13413)
1. PLACE OF DEATH	(58)
County Dally	Registration Dist. No. 34
/ Village or City M. Carmel.	NoSt., Ward
Length of residence in city or town where death occurredyra,mos	death occurred in a hospital or institution, give its NAME instead of street and number) S. ds. tow long in 0. S. if of foreign birth?
2. FULL NAME Linwood Jackson	Thoolis.
(a) Residence: No.	St., Ware.
(d) Residence, No.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CAR DIVORCED (Torrice the word) Whale Carrie The Word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mel. 6. 1932	1 last saw h. Malive on Mclu, 12, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 P. m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	mabilitie to Take Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	nousliment
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Inaution 3-6-1932
O Td. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) W. Carriel.	Other Contributory Causes of Importance: Maldwell Limit 3-6-1932
(State or country) Marsland.	maeauvin primit 5-67132
13. NAME Gulling Thorts.	
13. NAME William Thorse 1.	Name af operation Date of
(State of country) Vingmanal	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Luly Thay Thorfer.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lilu May Charfe. 16. BIRTHPLACE (city or town) Trust Rayal	Accident, suicide, or homicide?Date of injury19
(State or country) fragrague	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gillians (Twother) (Address) Parkton, mil	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr. Camuch. Date 13 19 32:	Nature of Injury
19. UNDERTAKER Story Control of the	24. Was disease or Injury In any way related to occupation of deceased? \(\textit{\mathcal{O}} \)
20. FILED PULL CONNECLE WA 1487 March 11487	(Signed) Edgar M. D. Ogrish M. D. (Address) Maufrateus Md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	diam'r.	Example II		
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Chronic interstitiat nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Take the second		

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEAT	TH C	1 1/1/11			03414
Count	y Balti	more			Registration Dist. No.	49
		erry Ha			No. St	Ward
					death occurred in a hospital or institution, give its NAME instead of street	
Length	of residence In ci	ty or town whare d	leath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL	NAME	Arch Tr	acey			
(a) R	esidence: No	Perry	Hall	-,-,-,-,	St., Ward.	
PED	SONAL AN	DSTATIST	(Usual place		If nonresident give city or town	
3. SEX		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male	Whi		OR DIVORCE	D (write tha word)	March 18th.	, 193 2
	, widowed, or divo		1 MICT I	Cu	(Month) (Day)	(Year)
HUSBAN (or) WIF	D of				22. I HEREBY CERTIFY, That I atte	
(17)	E;1	len Tra	cey		may 6 , 1932, to May 1	
6. DATE OF	BIRTH (month, da	y, and year) A	pril 30		1	₹€; death is seid
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6. Pm.	
	77	10	18	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of enset
Z 8 Trade	a, profession, or printed of work done,	as SPINNER,	Labore	199	01	mar
S Indus	AWYER, BOOKKEE stry or business Ir	PER, etc.	nauoi.e		Chemotole Her	To friday
a W	ork was dona, as S AW MILL, BANK,	SILK MILL,	Farm			
10. Data	deceased last wor	rked at	11. Total t	ime (years) nt in this		
	aar)	193	30 occ	upation 55	Other Contributory Causes of importance:	
12. BIRTHPL	ACE (city or town)	Unkno	awcawc		Other Contributory Canses of Importance.	
(State	or country)	Mary]	land		Chimis tuterstral highest	- 14r -
13. NAMI	E . Elias	Traces	7			
TAL BIRT	HPLACE (city or to				Nama of operation Date	of
	Stata or country)		land		What test confirmed diegnosis? Was ther	e an autopsy?
当 15. MAID	EN NAME [Jnknown			23, If death was due to external causes (VIOLENCE) III in elso tha fol	lowing:
	HPLACE (city or to	Unkr			Accident, suicide, or homicide? Date of Injury	, 19
2 (Stata or country)	Unki	nown		Where did injury occur?(Specify city or town, county as	ad State)
17. INFORMA	NT Robe	ert Trac	ey		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	IC PLACE.
	REMATION, OR I	Arm, N	Ma•			
		Cem.	Date Mar	21, 19 32	Manner of Injury	
		. 0	7	0 1	natura of injury	1
19. UNDERTA	KER TUS	leuch à	2 Road	moder	24. Was disease or injury in any wey related to occupation of decaase	d?P\J
	-//		8 M	2	If so, specify (Signed)	M D
20. FILED	3/20/	1932	0.00	Registrar.	(Address) Naplla Blail	2
		If more	blanks are needed,		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

03415

1. PLACE OF DEATH	(23)
/ County Baltimore	Registration Dist. No. 9-38
Village or City EUDOWOOD SANATORIUM, TOWSO	N. MD. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. 15 ds. How long in U.S. If of foreign birth? 40 yrs
2. FULL NAME EVOL JUCKOR RO	
(a) Residence: No. 404. S. Highand C	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (covice the word)	march 20
Jemale melte manied.	(Month) (Day) (Year)
58. Il married, widowed, or divorced HUSBAND of Wife of Wife 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	22. I HEREBY CERTIFY, That attended deceased from
(a) miles	march 5, 1932, 10 mosel 20, 1932
6. DATE OF BIRTH (month, day, end year) June 2, 1891	I last saw h. evalive on worch 5 , 193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 2:300 m.
40 8 18 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	ou emanay Jubercutosa
9. findustry or business in which work was done, as SILK MILL,	1926
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked et this occupation (month and	
this occupation (month and spont in this occupation occupation	
12 BIRTHPLACE (city or town) Bace 270- md.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sca C C O (State or country)	Lu per un Posis D Menuscitis
# 13. NAME Dokn. a. Duuses	13/10/10
E ()	Name of operation Date of
(State or country)	What test confirmed diagnosis? Lat (sputus) as there an au opsy?
# 15. MAIDEN NAME genty Duer Reck.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sindany.	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) Sea Dany, (State or country)	Where did injury occur?
Hospital Records - Personal History	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT DOWOOD SANATORIUM, TOWSON, MD,	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Holy redlevely Date 3/200 , 190	Nature of injury
IN MADERITARIES OF M. Onkalin	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1101 M21.92 //m /3 /3. A-	(Signed) NUMBELL M. D.
20. FILED WILLIAM, 18) - F. S. J. J. Registrat.	(Address) Eudowood San. Towson, Md.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

HEALTH DEPARTMENT CHY OF BALTIMORE

			_		
					James .
CHAI	O PHINTS HAVE	A FEET NO.	TAXE !	A PRINTER	Add as

NS should tement of	1. PLACE OF DEATH OF BALTIMORE: (No. 6702 Bug htm)	Registered No			
PHYSICIAN Exact stat	2. FULL NAME Charic Place of abode (a) Residence: No. 676.2 Suighten (Usual place of abode)	mosds. How long in U.S. If of foreign birth?yrsmosds. Uhlus Ward. (If non-resident give city or town and State)			
Y. fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
d EXACTLY operly classificertificate.	5a. If married, widowed, or divorced HUSBAND of HUSBAND of HUSBAND of HUSBAND of HUSBAND of HUSBAND of HUSBAND of HUSBAND of	21. DATE OF DEATH (month, dsy, year) MAU . 18, 1930 22. I HEREBY CERTIFY, That I attended deceased from 1972, to 2006 8 1972 I last saw have alive on 2006 1975, 1932 death is said			
hould be state it may be pro s on back of	6. DATE OF BIRTH (month, day, year) 47-185/ 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at OD m. The principal cause of death and related causes of importance were as follows: Date of onse			
supplied. AGE s in terms, so that See instruction	9. Industry or business in which work was done, as sisk mill, saw mili, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Freducib Co. (State or country)	Other contributory causes of importance: Secule Lity			
carefully sul ATH in plain y important.	13. NAME Homes Spurier 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? to 23. If death was due to external causes (violence) fill in also the following:			
on should by USE OF DI	16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (Address) (Address) (Address)	Accident, suicide, or homicide?			
informatistate CA OCCUPA	18. BURIAL, CREMATION DE REMOVADA Place Suid July Date 3/2/, 19.52	Manuer of injury Nature of injury			
	19. UNDERTAKKET Jule A. Mustel (Address) Theore Can Market Can Mar	24. Was disease or injury in any way related to occupation of deceased? U.J. If so, specify. (Signed) U.J. Eurov M. D.			
	20. FILED 2/20/ , 102 - 8.6 M. Chal. Registrar.	(Address) 4936 Parts 455 Conts M			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial maphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory rauses of importance:		Other contributory causes of importance:	
Gallstones ()	May 1, 1923	Gastroenteritis	1 year
10 8 17			
ADDITIONAL SPACE FO	R FURTHE	ER STATEMENTS BY PHYSICIAN	

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Arteriosclerosis - FIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BULHAU V C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STAUL TUR	CUMBILLIA	STATISTICAL	DI	THEOLOGIA

RECORD. Every item of infor-IS A PERMANENT MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH UNFADING INK-THIS

PHYSICIANS should state

stated EXACTLY.

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of certificate.

See instructions on back

TION is very important.

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. V. S. No. 1 ä

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-40
County Dallim ore	Registration Dist. No.
Village or City Wagners Lane	No. St, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. it of foreign birth?
2. FULL NAME George Walters	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYORCED (avrite the word)	21. DATE OF DEATH Marsh (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Walter	22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) (Leers 8th, 862)	I last saw h alive on, 19; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
69 4 24 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Pediacel SAW MILL, BANK, etc. 10. Dato deceased last worked at 11. Total time (years)	Cante My reader frequere 3-2-5
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spont in this occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Bulking Ore	
13. NAME George dom Walters	
13. NAME George dom Walters 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country) Service any	Accident, suicide, or homicide?
17. INFORMANT Rosie Wallers (Address) Wagners Lane	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oak Kaun Date mich J , 1932	Nature of Injury
19. UNDERTAKER John G. Connelly (Address)	24. Was disease er injury In any way related to occupation of deceased?
20. FILED Mich 5, 195 ~ Jong S. Connelly Registrar.	(Signed) Jacob Ballman Coroner M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
6.5"				
		park 1		
Other contributory causes of importance:		Other contributory contributory of importance:	359	
Gallstones	May 1,1923	Clastrocuteritis	1 year	
		COOL ST HAVE	*	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3419
County Baltimor	Registration Dist. No. 44
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME Devices locarrier (a) Residence: No. 8 9 5 North Blick (Usual place of abode)	St. Movement Fant
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Work March 5 (Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased fro
(ii) wire of	. , 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) [Mulenburn	l lasl saw h; death is sal
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated ebove, atni. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and state).	accicles lal Devivin
10. Date deceased last worked at this occupation (month and search in this year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Willia waren 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Manus Williams	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Manus welliams 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide?
17. INFORMANT M. J. Mules Cheif & Tohio (Address) Morrow Janes	(Specify city or town, county and State) Specify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 4/22 1932	Matriner of Injury
19. UNDERTAKER Jacob A Crocin Louis (Address) 1080 months oney of	24. Was disease or injury in any way related to occupation of deceased? If so, specify yearney way related to occupation of deceased?
20, FILED Cyrz 2 , 1932 John J. Commelly Registrar.	(Signed) flowing fr 10 samman ff

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
BURSAU V.S.		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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ILACE	OF DEATH				STATE OF	MARYLAND
County	Baltimore	-029,4************************************		07-a		E OF DEATH
Village or City	Woodlawn	Zugust	Nube V	ry Ave.	St.: Was	n Dist. No. 31 (If death occurred a hospital or inst tion, give its NAME stead of street number.)
PERSON	IAL AND STATISTIC	AL PARTICUL	ARS.	MEDIC	L CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	erried.	DATE OF DEATH	March (Month)	2 3 , 193 Z
6 DATE OF BIR	May (Month)	/6 (Day)	1. (Year) that	Sept t I last saw h. Mr	193 1. to W	nttended the deceased for the 23, 193
7 AGE	76 yrs. 1/ mc	1			ed on the date stat H * was as follows:	ed above, at 9.6
a) Trade, pro	ofession or	/	/	prome	Myocard	ial dusuffice
particular kind (b) General na	d of work / asme				/	/ / /
(b) General na business, or es	ature of industry stablishment in ed or (employer)	er Sm		Contributory Secondary	roucho-p	vis. (a mos
(b) General national substitution of the business, or early which employed a BIRTHPLACE (State or cotton of the business of th	d of work atture of industry stablishment in ed or (employer) funtry) Serma F Oseph		(Si		(Duration) (Docation) (Address) 4139	neismoud
(b) General national state of the state of t	ature of industry stablishment in ed or (employer) intry) Serma F osefsh eauntry) Serma F osefsh eauntry) Serma F osefsh country)		(Si	secondary med) 4 9 10 2 4 193 a *State the 1 i	(Address) Death	Lyss mos 7 Lyss M Lasters A th, or, in deaths from
(b) General national states of the state of	ature of industry stablishment in ed or (employer) Intry) Serma F Osefsh NAME ER NAME LER LU ACE LER		IB At	*State the 1 i Violent Causes, str Accidental, Suicidal C LENGTH OF RES	(Address) (Addre	th, or, in deaths from Injury and (2) Whether
(b) General nations of the business, or early which employs 9 BIRTHPLACE (State or cot for the cot fo	d of work atture of industry stablishment in ed or (employer) Format Format Seph Oseph NAME ER Country) STRUE TO THE BEST O	Megeng hower	GE IFO	*State the li Violent Causes, str Accidental, Suicidal C LENGTH OF RES	(Address) (Addre	th, or, in deaths from Injury and (2) Whether
(b) General nations of the business, or early which employs. 9 BIRTHPLACE (State or cot of the business, or early which employs of the business of the busine	d of work atture of industry stablishment in ed or (employer) Intry) Serma F Osefsh Country) NAME SER Country) STRUE TO THE BEST O	Megeng hower hower of MYKNOWLED	GE IFO	*State the liville liv	(Address) (Addre	th, or, in deaths from Injury and (2) Whether the State yrs

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is necesyis). Farm laborer, Laborerwithout more precise specification as Day For persons (b) Automobile factory. The material who have no occupation single word or term on not gainfully em-(6) The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from ehildbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Penne	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance: Gallstones	2261,1 yoM	Other contributory causes of importance: Gastroenteritis	I year
Cerebral hemorrhage	7261,8 ylu l	Peritonitis	obn shnp g
Chronic interstitial nephritis	1861	Run over dy street car	I week ago
Arteriosclerosis	9161	Auck of epilepsy	obv soon 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
gxample 1		Example II	

BINDIN

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interestitial new prities	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
BURDAU V.S.	6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UZICKA

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECRIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1992	July 5, 1927	Peritonitis	3 days ago
	REPRAIL V S			
Other contributory ca			Other contributory causes of importance:	
Gallstones	•	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY,

N B.--Every item of informati
CIANS should state CA

7. S. No. 1

MARGIN RESERVED FOR BINDING	B
WITH UNFADING INK THIS IS A PERM ENTRECORD)
ion should be carefully supplied ACE should be stated EXACTLY, PHYSI-	PHYSI-

PLACE OF DEATH	STATE OF MARTLAND
County Bellimme	CERTIFICATE OF DEATH
and the second s	Registration Dist. No.
Village or City Glyndon RPP	St.: Ward) (If death occurred in
Village or City Julian No.	St.: Ward) (If daath occurred in a hospital cr institu-
2 FULL NAME GENGE HOW	stead of street and number.)
2FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male White WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Solar 23 ,918	March 19 195 2 to 1/ Levely 2/3, 195 2
(Month) (Day) (Year)	that I last saw h 1 alive on 111 anch 22 1928
7 AGE III LESS than	and that death occursed on the data stated above, at
10 1 dayhrs.	The CAUSE OF DEATH * was as follows:
1 5 yrs. 6 mos. ds. or min.?	Y I I I I I I I I I I I I I I I I I I I
8 OCCUPATION (a) Trade, profession or	Jampa + V www
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs mos da,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yra moe de.
FATHER (meld Server 4 mine)	(Signed) M. D.
U 11 BIRTHPLACE	Mail Z3.192 (Address) exche my
OF FATHER Z (State or country)	*State the Disease Causing Death, of in deaths from Violent Caus.s, state (1) Mesus of Injury and (2) whether Accidental, Suicidal or Homicidal.
TIZ MAIDEN NAME	
of MOTHER WWW W,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recant Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mus Youngs	Former or usual residance
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) yellinda (8PD)	Charl Cymbar May 25. 19
15 MA. 1-2 B7 BR Baccon	20 UNDERTAKER ADDRESS
Filed March 23 1983 2 13 1 Delim	Me Brookst
Cochor	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
It more blanks are neader, address state negistral	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a) nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from Spinner, (b) Cotton_mill; (a) Salesman. (b) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Managor," "Lealadditional line is provided for the latter statement; it Civil engineer. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as For persons Stationary fireman, etc. But in many (b) Automobile Laborerwho have no occupation factory. The -Coul mine, etc. Wom-Locomolive engineer, The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the nisexact causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerdbrosputal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croun"); uphoid fever (never report "Typhoid Pneumonia"); ubar pneumonia, Bronchopmeumonia ("Pneumonia");

> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinonia, Sarcinui, etc., of us fracture of skull, and consequences (e.g., sepsis, telumus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic etc. valvular heart discuse; Always qualify all The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

PR 6 193

FOR BINDING RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH Baltimore Jo pluods County Registration Dist. No. Enoch Pratt Hospital Towson. Md. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement 2. FULL NAME Sidney Zebest RECORD. 244 S. Bond Street. Baltimoste (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male white ANENT (Month) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WiFE of ~ single M Jan. 8. 1914 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Days to have occurred on the date stated above, at stated or min. 8. Trada, profession, or particular kind of work dona, as SPINNER, none OCCUPATION SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc 1D. Date deceased last worked at 11. Total time (years) on this occupation (month and that occupation ___ Baltimore, Maryland 12. BIRTHPLACE (city or town). (State or country) supplied. plain terms. FATHER 13. NAME Max Zebest 14. BIRTHPLACE (city or town)____Russia (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME Rebecca Lapidus DEATH 16. BIRTHPLACE (city or town)_____ (State or country) Where did Injury occur?___ should be Hospital Records 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITTE CAUSE LION 19. UNDERTAKER (Addrass) If so, specify

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) I HEREBY CERTIFY. That I attended depeased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset Bichloride of Mercury 23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Suicide Date of Injury 2-29- 19 32 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE way related to occupation of deceasad? Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		•
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: